

## **FULL TRANSCRIPT OF THE Dr. Brian Artis 152 MIN. INTERVIEW BY By Jason Scherka entitled "THE ANTIDOTE | The Explosive Truth, Origin, and Antidote for Covid-19 " 9-11-23**

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Watch this explosive interview with Dr. Bryan Ardis and Jason Shurka exposing the truth, origin, and unexpected antidote for C19 that ravaged the world. ARCHIVED HERE: [https://ia600505.us.archive.org/7/items/152-min-the-antidote-the-explosive-truth-origin-and-antidote-for-covid-19-share-everywhere.\\_202310/152MIN-THE%20ANTIDOTE%20%EF%BD%9C%20The%20Explosive%20Truth%2C%20Origin%2C%20and%20Antidote%20for%20Covid-19%20%EF%BD%9C%20SHARE%20EVERYWHERE..mp4](https://ia600505.us.archive.org/7/items/152-min-the-antidote-the-explosive-truth-origin-and-antidote-for-covid-19-share-everywhere._202310/152MIN-THE%20ANTIDOTE%20%EF%BD%9C%20The%20Explosive%20Truth%2C%20Origin%2C%20and%20Antidote%20for%20Covid-19%20%EF%BD%9C%20SHARE%20EVERYWHERE..mp4)

Dr. Bryan Ardis is a renowned doctor and researcher who has been at the forefront of uncovering the origins of C19 and finding ways to counter its effects. Despite facing resistance from major pharmaceutical companies, Dr. Ardis remains steadfast in his mission to unearth the truth.

TLS has been closely monitoring Dr. Ardis's progress over the past year and supports his efforts to disseminate this vital information to a global audience. This interview serves to bring his valuable insights to the forefront. Share this interview far and wide to reach the world.

### **About The Guest(s)**

Dr. Brian Artis is a retired medical professional who has been researching and speaking out about the COVID-19 pandemic. He gained attention for his work on exposing the dangers of the drug Remdesivir and the hospital protocols surrounding COVID-19 treatment. Dr. Artis has been actively involved in educating medical professionals and the public about the truth behind the pandemic.

### **\*\*Summary:\*\***

Dr. Brian Artis shares his journey of discovering the truth about the origins of COVID-19 and the dark truth behind the vaccine. He recounts his personal experience with the medical profession's mishandling of his father-in-law's treatment, which led him to question the protocols and medications being used. Dr. Artis delves into the research he conducted on Remdesivir, a drug touted as a treatment for COVID-19, and reveals its harmful effects on patients. He exposes the lies and deception surrounding the origins of the virus, highlighting the role of snake venom rather than bats. Dr. Artis discusses the intentional manipulation of information by medical professionals and health agencies, drawing parallels to the September 11 attacks. He concludes by sharing his mission to bring the truth to light and provide an antidote to the misinformation surrounding COVID-19.

### **The Antidote: Unveiling the Truth Behind COVID-19**

#### **By Jason Scherka**

The interview you're about to read is a game-changer. In a world filled with confusion and misinformation about the coronavirus, we finally have the privilege of bringing verifiable facts and evidence to the table. Dr. Brian Artis, a man who has been diligently researching the origins of COVID-19, is here to shed light on the truth. This interview is not just about theories or opinions; it's about uncovering the dark secrets that have shaped our understanding of the pandemic. Get ready to have your perspective shattered and your worldview transformed.

### **The Grand Illusion**

Dr. Artis begins by drawing a parallel between the events of September 11, 2001, and the current pandemic. He highlights how the media and those in power have the ability to manipulate narratives and deceive the masses. He asserts that just as we were misled about the events of 9/11, we have been fed a false narrative about the origins of COVID-19. Dr. Artis reveals that the widely accepted theory of the virus originating from bats is a lie. He explains, "DNA experts said this is not a bat virus. The origin of this virus isn't even bats. It's actually two snakes."

### **The Shocking Truth**

Dr. Artis's journey to uncover the truth about COVID-19 began with a personal tragedy. His father-in-law fell victim to the flawed hospital protocols surrounding the treatment of the flu. Driven by grief and a desire for justice, Dr. Artis delved into

the research and discovered a disturbing pattern. He found that the drug Remdesivir, touted as a treatment for COVID-19, was causing acute kidney failure in patients. He shares, "31% of all of them experienced acute kidney failure within ten days. 10% of them had to be taken off the drug before day ten because it killed their kidneys."

### The Deception Unveiled

Dr. Artis's findings led him to question the motives behind the medical establishment's endorsement of Remdesivir. He discovered that Dr. Anthony Fauci, a prominent figure in the pandemic response, had been involved in the approval and promotion of the drug. Dr. Artis reveals, "The NIAID department of the NIH is who funded that study. That's his department." He uncovers the shocking fact that Remdesivir had been deemed unsafe and ineffective in a trial for Ebola, yet it was still pushed as a treatment for COVID-19. Dr. Artis's relentless pursuit of the truth led him to expose the lies and misinformation surrounding Remdesivir.

### The Antidote

In the midst of the chaos and deception, Dr. Artis brings hope by introducing the concept of the antidote. He explains that there is a solution to the problems we face, and it lies in understanding the true nature of the virus. Dr. Artis's research has led him to believe that snake venom plays a significant role in the origins and treatment of COVID-19. He states, "If you got bit by a rattlesnake, would you go to the hospital and get antivenom?" This analogy highlights the importance of exploring alternative treatments and approaches to combat the virus.

### Implications and Impact

The implications of Dr. Artis's revelations are profound. They challenge the established narrative and expose the flaws in the medical system. The widespread use of Remdesivir, despite its harmful effects, raises questions about the integrity of the pharmaceutical industry and the medical establishment. Dr. Artis's findings also shed light on the power dynamics at play, with Dr. Fauci's involvement in the approval and promotion of a dangerous drug. The impact of this information cannot be underestimated, as it has the potential to reshape our understanding of the pandemic and the actions taken to combat it.

### Conclusion and Future Outlook

Dr. Artis's tireless pursuit of the truth has brought us face to face with the dark realities of the COVID-19 pandemic. His research and evidence challenge the mainstream narrative and expose the flaws in our current approach to the virus. The antidote he presents offers hope for a better future, one where alternative treatments and a deeper understanding of the virus can lead to more effective solutions. As we move forward, it is crucial that we question the information presented to us and seek out the truth. Only then can we navigate the challenges of the pandemic with clarity and confidence.

In a world filled with uncertainty, Dr. Artis's work serves as a beacon of truth. It is up to us to embrace this knowledge and demand accountability from those in power. The antidote is within our reach, and it is time to seize it. Let us not be swayed by the grand illusions and false narratives. Instead, let us stand together in pursuit of the truth and a brighter future for all.

**KEYWORDS:** COVID-19, coronavirus, origins of COVID-19, antidote, Dr. Brian Artis, coronavirus pandemic, hospital protocol, Remdesivir, snake venom, Dr. Anthony Fauci, hospital treatment, acute kidney failure, pandemic, COVID-19 vaccine, September 11, 2023, TLS, light system, energy enhancement system, New York City, medical profession, hospital administrators, medical doctors, CDC, NIH, Ebola trial, vancomycin, flu treatment, palliative care, morphine overdose, NIAID, New England Journal of Medicine, WHO, veklery, Richard Bartlett, rattlesnake bite

### **FULL TRANSCRIPT of 152 minute INTERVIEW FOLLOWS BELOW**

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0:00:08

The interview you're about to watch has huge implications. Over the past couple of years, there's been a lot of information regarding the coronavirus, regarding COVID-19, confusing billions all around the world. Today, we're not just bringing theories or opinions. Today we have the privilege of bringing the facts to the table, verifiable proof and evidence, absolutely explosive material that will change the way that you see the world forever.

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That will change the way that you not only see our own history, but how we move forward will change for the better. Today, I have the privilege of sitting down with Dr. Brian Artis, a man who TLS. Has been following for the past year or so, and a man that deserves to be heard by the world. This interview is happening not only because I felt compelled to bring this information to the surface, but because TLS. Asked to make sure that I made this happen, to make sure that people become aware of not just the origins of the coronavirus, but the antidote as well.

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I present to you the antidote with Dr. Brian Artis. We've been lied to.

0:01:15

Youth.

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Is at play. Millions of people have died. Billions of people have been brainwashed. It's time to wake up. The truth is finally here's. Dr. Brian Artis graciously agreed to fly across the country from Texas for an interview in my family's wellness center in Port Washington, New York, called rays of light, a wellness center known for having the energy enhancement system technology in it. This technology is responsible for helping millions of people all around the world, which is why I felt it was a perfect place to host such a powerful interview.

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Dr. Brian Artis, I want to say thank you for your time and everything that you've been doing.

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Thank you, Jason. It's great to be here.

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So we have a lot to talk about today. Before we dive into it, I want to acknowledge a few things, starting with the date of what today is. Today is September 11, 2023. 22 years ago, this country, the world, really changed forever. I think 22 years ago, it really showed us how the government was able to paint a narrative and how many people believe that narrative. And now a lot of people are starting to wake up to that.

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Today, in my eyes, is symbolic because we're able to do that same thing, only break those narratives, in this case with the coronavirus, something that you've been diving deep into in a very unique way, changing the narrative, showing people that it's not what we think. Only you're not just saying your thoughts and your opinions. You're bringing evidence. You're bringing proof, and you're saying, don't trust me and don't believe me. Let me show you what's actually going on here.

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So where do you want to begin with all of this? I mean, how did all of this start?

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I really wondered what you were going to say when you brought up september 11. I was like, oh, my God, what does he think about September 11? What's he going to say? The Perspective that it is September 11 is huge because for many people who are willing to look, you will realize the grand Illusion that was cast by the media to the Entire world to convince us of some narrative they wanted us to accept when in fact, it's not reality.

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So For Me, The Coronavirus Pandemic. I Cannot Even Believe I'm Sitting Here four Years Into This Pandemic, realizing The Great Illusions That Were Projected By The Media and By Our Medical Professionals and By Scientists Around The World,

medical Journals Around The World, that this Was A Bat Virus being Spread From A Cave Out Of Wuhan. And From The Very Beginning. The First Month Of The Pandemic Declared January Of 2020.

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DNA experts said this is not a bat virus. The origin of this virus isn't even bats. It's actually two snakes. Imagine my shock to learn that two and a half years into the pandemic and then Wondering, where did it all go wrong? And how did everybody come to accept this reality, this new reality? How did that happen? How did we go from DNA experts confirming the genetic makeup of what was causing people to be sick were actually venom proteins from two snakes, the King Cobra and the Asian crate Snake that I had never heard of.

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And that really took me down this incredible journey, realizing that we had all been lied to, the entire medical profession, the entire health agencies around the world, world health organizations have all been lying to the entire globe once again, like they did 20 years ago with the September 11 awful scenarios.

0:06:01

I Want to give people a grand summary and a structure of what we're going to be diving into, because I know you go very deep with a lot of the information that you bring in. Some people may be hearing this for the first Time. And I do want to acknowledge what's in front of me over here, because what's in front of me makes this interview unique. I don't know what you know about this, so I'm going to bring it to you and everybody watching as well.

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But the reason why I'm sitting here today is not just because of My interest, my family's interest in the work that you do and the incredible work that you do, but because I was asked to make this happen. I was asked by an organization that I work with. You've interviewed me about them maybe one or two times in the past. That organization is known as TLS. We call them the light system. They're incredible in terms of what they do for anybody who doesn't know what that is, just like there are dark organizations and dark individuals in the world doing things to hurt people, the exact opposite exists as well.

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So these few papers in front of me was given to me by them. They gave me a few questions. They gave me a few pointers, and they said, we want to make sure that you bring Dr. Artis's information to the masses, even more so than it already is. They gave me pointers, they showed me what to do, and they trusted me with the rest. So you've been being watched for the past year or so. They love your work, and they sent me to help get your work even further out there. So that makes this very unique, because that doesn't happen every day. The last time, and the only time this has happened was with Dr. Sandra Rose. Michael with the Energy Enhancement System that we're sitting next to right now.

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And ever since, in 15 months, we've done the impossible. We've opened 340 centers in 40 countries. So that was inspired by them. This is inspired by them. And I'm going to be following this along the way to the best of my ability to bring out what their intention is, which is making sure that your information and the proof and evidence that you bring to the surface is known by absolutely everybody to the best of your ability.

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So we're going to be touching up on the truth about the origins of COVID-19, the dark truth behind the vaccine itself. I don't even know if you want to call it a vaccine. The timeline before and after the vaccine beginning from January of 2020, and most importantly, which is the name of this interview, the Antidote. So it's about what's the problem and what is the solution? Because I know you're bringing those to the table right now, especially with this so called new pandemic that they're bringing up conveniently right before elections.

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I don't think it's a coincidence. I think this is obviously something that's being predetermined and planned, and somebody like you has a lot of balls to stand up and show that, because you're going against the Mafia. I know you know that. Before we dive in, I have to ask you, you're retired. You don't have to do this. Your life has been threatened in the past. Why are you doing it?

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I don't know what really happened to me in February of 2020, but something happened. My father in law walked into a hospital and was killed with a hospital protocol they were unwilling to bend from. Kicked me out of the hospital with security, said they would no longer talk to somebody who wasn't blood related to the family or member or married to him. And they ended up killing him over the next three days under a guise of what they call palliative care.

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The deception of that care is they tell you, and I told the whole family that, you let them kick me out of here, and this is what's going to happen. They are going to pump him full of morphine, convincing you the morphine will help reduce his pain and suffering. Until he takes his last breath. That is the lie of palliative care. And I looked at them and I said, justino, if you've ever taken a dog and cat to a vet, they call it euthanizing, and they do it right in front of you.

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This is what they're going to do. Morphine is a drug that paralyzes your diaphragm and your heart's ability to beat. They will kill him in front of you. This isn't to reduce pain, although morphine does block pain. And sure enough, I left that hospital, wasn't allowed to come back. Within three days, he took his last breath with two full two hour doses of morphine into his veins. From that moment about lost my mind, emotionally, physically, spiritually, I was lost for about three months.

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And I didn't know how to reconcile how I felt without physically killing one of those hospital people's, family members, and letting them experience what my wife, her family, and I was experiencing. I've never felt that way in my whole life, ever. I couldn't sleep. And three months later in May of 2020 and I need you to understand, the world needs to understand, I didn't give a crap about COVID February of 2020. I live in Dallas, Texas. There was not a single case of COVID in Texas.

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So there was no restrictions, no masking, no mandates, no, you weren't allowed to not go into hospital with your loved one. That did not exist at this time frame when my father in law walked himself into a hospital and then nine or ten days later, takes his last breath. So COVID wasn't a reality for me. Now you're dealing with a funeral. Now you're dealing with the state issues, and then you've got three months of me just being angry, depressed, and trying to figure out how to get away with a murder. Not a joke. And I couldn't figure out how I was going to do it.

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Thank God. I catch wind of some interviews online on CNN and other articles or other platforms, and you hear every hospital administrator, every medical doctor treating in New York City, where I'm sitting just a few miles from right now and doing this interview. There are one doctor after another standing at a podium, being interviewed by the media, going globally, and they are saying the same thing every single interview. And I watched ten of these in a row in one day.

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This is in the middle of May 2020. Every single one of them say the same thing. There's something about this novel new coronavirus we have never seen before with any other respiratory virus in the entire history of mankind. When we start treating this one, the virus goes from the lungs immediately and goes down to the kidneys and shuts down their kidneys. Within 24 hours, a mass number of percentages of all the people we're treating end up in acute kidney failure.

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And then over the next several days, they die. And they're filling up tractor trailer loads of bodies here in New York City in the epicenter of the COVID-19 Pandemic, just like where September 11 happened. Oh, my God. So I'm watching each one of

these interviews, and what I recognize is there is a genuine, authentic articulation of their concerns. They are being dead honest when they are saying, we have never seen a respiratory virus ever do this before.

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When you start treating it, it goes from the lungs, which is what a respiratory illness is, and it goes straight to the kidneys and shuts down the kidneys. I watched ten of these interviews in a row in about an hour, and I was like, oh, my God. They're all saying the same thing.

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Wow.

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The reason why I knew they were being honest and what put me on this trajectory to start speaking out was three months earlier, in February of 2020, my father in law walks into a hospital. They diagnose him with the flu. They put him on a hospital protocol for the flu. And that treatment that they gave him included a drug called vancomycin that has a super high percentage of causing acute kidney failure in less than 24 hours. And that's exactly what they called us with on day two, they said, he's diagnosed with the flu. Next day. Now he's got pneumonia and acute kidney failure. We don't know why he's in this. By day five, he's now unconscious. That's when I go up to the hospital to challenge. What are you doing to him? He's on a breathing apparatus. Five days later, his belly's swollen up, huge retaining water.

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And that's when I see that vancomycin bag hanging up with the IV bag. And I knew all I had to say was, how long has he been on that? Since day one. Why'd you put him on that? This is so messed up. Okay. The hospital protocol for the flu at this time included three antibiotics. Jason Scherka do you know that on the CDC's website right now and has been there for a decade? It says if you diagnose someone with a viral infection, it is counterintuitive to treat them with antibiotics.

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Antibiotics can make the viral infection and the outcomes worse. So I brought the attention of the vancomycin to the doctor. I said, Why are you giving that to him? First five minutes, I'm in the room. That's a part of the hospital protocol. For what? For the flu. That doesn't treat the flu. It treats bacteria. All antibiotics only treat bacteria. That's all they treat. And he said, well, that's not the only antibiotic. We have them on three. That's the hospital protocol for the flu.

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How do you explain the doctors didn't know something like that?

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Yeah, they just bit their tongue and said, this is the protocol. Like they weren't going to open their mind to creativity or science or education or clinical experience.

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You think it was something intentional that they were in on.

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Oh, the hospital protocols are all intentional. They're all set up.

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I'm talking about the people that are implementing them on a wide basis. You're talking about a lot of doctors.

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I'm talking about a lot of hospitals. And this had nothing to do with COVID. This is just the flu before COVID in Dallas, Texas. So, yes, the hospital protocols, there's a problem here and you're just going to tell me to my face, you're following a hospital protocol that you know that drug causes acute kidney failure. You're going to take them off of that right now. And they did, which was great. So this is where it all started.

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I realized and experienced personally, and I believe this is a god thing that I was allowed to witness the medical profession poison a man that I loved and knew and admired. They poisoned him to death, hid behind their liability of worrying, of being sued to actually change the protocols, as I recommended. On day six, day five and six, he was unconscious. By day five, Jason water was accumulated in his lungs and in his brain. He couldn't breathe, went unconscious, is now on a breathing apparatus. They're forcing air into his lungs. Before COVID I come in and change the entire protocol with drugs. Take him off that drug, put him on this drug, do this and do this for the next 4 hours. He pees out 20 pounds of water in 4 hours.

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On day six, an hour after that, he wakes up totally conscious. We were told he was dying from acute kidney failure and this pneumonia that was going to take him out at 91 years old. Oh, no. He woke up and came to life. We go home celebrating that the doctors worked with us, celebrating he's awake and communicating with us, thank God, because all of us are obviously upset emotionally and worried about his life.

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We get home an hour later, this damn profession. The nurse's station calls my wife and says, we need to make you aware of something. The hospital administrators and the attending medical doctors have all met with us and have told the nursing staff to let you know we are permanently stopping the changes we made today per your husband's request, and we are putting him back on the original hospital protocol, and your husband is not allowed to step on these grounds again. We're not going to communicate with him ever again.

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And my wife looks at me and goes, Why would they do that? She's crying. And I said, Because I just exposed the liability of injury from their protocol and they can't tolerate that. Well, I was up there the very next morning to challenge them again. That's when I was kicked out. And this is when it changed. His life ends up ending three days later under this palliative care morphine overdose three months later.

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If I had not had this experience with my father in law so I'm going to find the positive in this if I did not experience and watch this happen, that they held to a hospital protocol, drugged you for a viral infection, caused acute kidney failure within 24 hours for a different virus called the flu. I was actually convinced that the COVID patients in New York were all being pumped full of vancomycin to treat this new novel virus. That's what I thought.

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So I went onto the CDC's website. I just want to know, what are they giving them? So I went to CDC.gov looked it up, and there was no website or web page or tabs for COVID. In May of 2020 on the CDC's website, there was one page on COVID and it said, we do not have a hospital protocol per the CDC. We have adopted the NIH's hospital protocol for COVID. Here it is. Click here. So I clicked and it goes to the NIH. I'd never been on the NIH's website ever. I had spent a lot of time on the CDC's website over the years, but had never been there. And there was only one web page on the NIH's website and it read dr. Anthony Fauci's hospital Protocol for COVID-19 patients.

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And I honestly, at this point, had never even heard the name Dr. Anthony Fauci. How that missed me, I have no idea. I just didn't know who he was. So I'm reading that and I'm like, well, okay, whatever. I keep reading the actual three paragraph memo. It's the only thing about COVID on the NIH's website. And it reads first sentence, all hospitals are only allowed to use an experimental drug called Remdesivir to treat all COVID-19 hospitalized patients in America.

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And in the memo, Dr. Anthony Fauci says he told the government, you are not allowed to export this drug out of this country to any other country for the first year of this pandemic. So only Americans get this drug. And then said this drug, which none of us had ever heard of before, particularly me, he stated there's two studies that confirm why it is. He is declaring this is the only drug medical doctors can use in this country in hospitals for COVID patients.

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It says it was proven safe and effective against the Ebola virus in a trial in Africa in the year 2019. And then it says it was also proven safe and effective against the COVID-19 virus. SARS CoV two virus in January, February, and March in a three month trial held by the manufacturer of Remdesivir. And it had links to the studies. Now, in my upset, anger, retired moment of my life, I just happened to be sitting there at the table with my computer and just click the links. I had the time, I'm going to click the links to these studies. I've never heard of this drug. I know they're not using Remdesivir. So what does he know about this drug?

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So I click open the New England Journal of Medicines. It's still there. Go look at the study, the Ebola trial in Africa. They took four regions in Africa in 2019, a year long study. PCR tested everybody. Just like with COVID PCR tested all these people all over Africa confirming Ebola, which PCR test does not confirm any virus ever. But they're using it in this trial, and they're confirming Ebola cases. And then they have four drugs that they are going to experiment with to see which of these drugs has the best performance against Ebola, which, by the way, supposedly at this point has a 50% death rate.

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The disease process does. So I'm reading into the study. Imagine my shock to find out that the Independent Safety Board assigned to the study, because you can't have the funders of the study provide their own review board, you have to hire an independent review board to have an objective view of the data.

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Like that really exists, right?

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So this Independent Safety Board truly, in August of 2019, is reviewing the data and then declares and publishes to the funders of the study that we are permanently pulling two drugs out of this trial. Number one is remdesivir. Why? Because 53% of everybody that got the drug died, which was more than the outcome from the disease. It was the only drug that had a higher than 50% death rate. It was the only drug that killed more people than the disease does.

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So they pulled that one and another one called ZMap. ZMap happened to be a drug that was put in by our Department of Defense. They put that drug in there, and it was found to have a 49% death rate. So it wasn't really that much better than the disease anyway. So they canceled those two. Now I'm reading this and I'm thinking, why is he saying, why did this guy, Anthony Fauci, say that there's this drug that was safe and effective against Ebola when that drug was pulled from the trial for being the deadliest in the trial?

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So I decided to go look at the funding section of that study. I wanted to know, did Dr. Anthony Fauci get some bad advice from somebody overseeing the trial? Oh, my God. Imagine my shock to see that the NIAID department of the NIH is who funded that study. That's his department. That means the Ebola trial was completely funded by his department. And the moment the Independent Safety Board would have sent the memo out that we're canceling these two drugs in August of 2019 because it's the most deadly and toxic drug of the four, he would have been the first notified.

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And this is in May of 2020. May 1 of 2020 is when he announces to the world this is the only drug all American doctors can use to treat COVID-19 patients. And it was proven safe and effective.

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And they only allowed in America for a period of time.

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Yeah.

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What a pandemic.

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This is so messed up. Remdesivir was only allowed to be in the United States, used in hospitals here, until the FDA approved it at the end of October of 2020. Then they shipped it out to other countries. I looked at the second study for the three month trial, January to March of 2020, that gilead, the manufacturer room, deserve was now allowed to run on COVID-19 patients. The drug that failed in ebola was now granted approval for their own little study called a cohort study.

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They took 53 patients from around the world that had tested positive for COVID, gave them the drug for ten days, and 31% of all of them experienced acute kidney failure within ten days. 10% of them had to be taken off the drug before day ten, because it killed their kidneys, and they had to have emergency kidney transplants. This was the drug the New York doctors were pumping into the veins of all the sick COVID-19 patients in New York that was causing the massive kidney failure.

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And in that day, it was within an hour of me reading those studies, I hired a publicist out of Washington, DC. And went into the media and sat from my kitchen table, and I actually did 40 to 50 interviews every week to make sure everybody could see the research studies and the truth about remdesivir, and even coined the phrase, if you can't remember what the name is, just it rhymes with run death is near. And that has literally gone worldwide. Journalists put it in the mainstream media, even they call it worldwide, known as run death is near. Yeah, that's what we did. We want to make sure you could remember what this name of this drug is, because no one was ever familiar with it. In November of 2020, the world health organization comes out after I've been screaming at the world for five months, they come out and declare, and it's still on their site. They published it in the mainstream media that the who has reviewed data on remdesivir, and in November of 2020 published, we do not recommend remdesivir for any single COVID-19 hospitalized patients worldwide because of its kidney failure.

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Really?

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What date was that?

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November of 2020.

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Okay.

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The very next month after the FDA approved it for COVID-19 patients in hospitals in America, and then they started shipping it out around the world, and to this day, it's still being used. Remdesivir has got two names, so the whole world, you might as well know what they are. Hospital pharmacists have called me from around the world to tell me, you need to let your audiences know they're no longer calling it remdesivir. There are clandestine meetings in hospitals around the world. Administrators, medical doctors, nurses, they're all coming together and telling them too many people are refusing the drug remdesivir when you say it.

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So you have to start using the brand name, because they don't know that one, and it's veklery V-E-K-L-U-R-Y. They're the same drug. It's just the brand name. Avoid wall.

0:25:12

You know, there's something I never mentioned to you before, but I'll mention it on camera here today. In August of 2019, I got very sick. This was pre COVID. It was like five, six months before COVID and my column, like, my mentor from TLS came to me. It was when I used to live in Great Neck, New York. He's like, Listen, you're sick. I understand. It's not what you think. I'm coming to help you out with something.

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And I said, okay, no problem. He came, and I'm sick in bed. I felt like I wanted to die. I couldn't breathe. It was horrible. Again five, six months before COVID which really started getting crazy in February, March of 2020, he comes to the house and he starts sharing all this crazy information with me. And he's telling me, he's like, listen, what I'm going to say is going to sound crazy, but I'm telling you there's going to be something that's going to seem to be like some sort of pandemic in the near future. It's not what you think it is. We're doing our best to stop things like that from happening, but it doesn't look like we're going to succeed.

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New York City is going to shut down. I'm looking at him like, what are you talking about? New York City cannot shut down. It's never shut down. The history of anything. It's not shutting down. He said, New York City is going to shut down. There are going to be places around the world that are going to be shut down. The economy is going to go down. You're going to see fires, australia, California, and everything that happened over the next year or two after that point.

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I was told about it before, and then it started happening, and I started seeing all these news headlines and COVID and the stock market crashing and lockdowns, and I was in shock. Now, at the time when I was sick, he gave me a few things to drink. 24 hours later, I was fine. My question for you is, I still don't understand what happened and how this thing was manufactured, if it was manufactured. All I know is you're now tying it back to snake venom and snakes, as opposed to bats.

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How do you get there? How did we start there? What evidence and proof do you have as well to be able to bring us from that point to where we're at today, tying it back to snake venom? Because to the common man, they hear that and they say, you're crazy. That's science fiction. It's not real. So what can you share on that front?

0:27:18

All right, so for two years, I'm just out there yapping and screaming, being asked to go to medical conventions to teach on the hospital protocols, medical doctors who are becoming awake to the reality of the. Harm and toxicity of remdesivir, and that Dr. Anthony Fauci lied about his knowledge about this drug being safe and effective. They started springing up telemedicine organizations to help people through COVID to keep them out of the hospitals. So I was going to all these medical conventions and speaking on their behalf because it's much safer to stay home.

0:27:46

Thank God some medical doctors wanted to save some lives. That was very helpful. But two years into this, in December of 2021, I get a text from a doctor a lot of people know around the world as the budessanide guy. His name is Dr. Richard Bartlett and he is an er doctor out of Odessa, Texas. He sends me a text, and in that text, it says, hey, Doc, if you got bit by a rattlesnake, would you go to the hospital and get antivenom?

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And I look at this text, and Dr. Richard Bartlett and I have been on stages for two years now talking about COVID So when I see this random text, I'm like, what in the world are you talking about? Of course I would go Er doctor, I would go to a hospital. I got bit by a rattlesnake. But why are you asking me this random question? Richard Bartlett knows me enough, and you mentioned me as a researcher. If I can't see it, if I can't make sense out of it, I'm not speaking on it. So everything I speak on, including this interview.

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[TRANSCRIPT] PT 2OF6

0:00:00 - (A): It. I would have never talked about the venom aspect of COVID if I couldn't show you, and we will show you that the entire narrative of COVID is a damn illusion. And they have lied to all of you and every single symptom of COVID-19 acutely, every single symptom of COVID long term, that they call post COVID syndrome or long hauler COVID-19 syndrome, every single one of those symptoms I can show you. Which venoms and from what creatures and snakes are creating your symptoms, I can show you and I can tell you.

0:00:35 - (A): And then I can explain how to actually get rid of the symptoms with one singular antidote that they don't want you to know. And the whole world has been lying to you about this antidote for the last at least 50 years.

0:00:46 - (B): Just a quick question. We'll come right back to this. Would you connect snake venom to what's in the vaccines today?

0:00:53 - (A): Absolutely.

0:00:54 - (B): Let's get there later. Give us the history of how you got to this.

0:00:58 - (A): Okay, so first thing is, why did Dr. Richard Bartlett send me that text? So he sends me the text. I didn't even respond to the text because he knows. And I knew that he knew I was going to go research antivenom, but I didn't know what I was going to come across was this great lie called COVID. That is not why he sent me the text. I had done some interviews on monoclonal antibodies, and I had shared these six studies I had found that had got sent to me by another doctor I love and admire and said, can you please look at these monoclonal antibody studies and see and tell me, do you see what I see?

0:01:34 - (B): For anybody who doesn't know what those are? Can you just give us a definition for monoclonal antibodies?

0:01:38 - (A): Yes. So monoclonal antibodies were the actual drug that was having 100% success rate against acute COVID patients that was being used around the world. An example of one during COVID was called Regeneron. Regeneron was actually the drug in the Ebola trial that outperformed all the other drugs in the Ebola trial. Okay, so remdesivir is being compared to three monoclonal antibodies in the Ebola trial.

0:02:06 - (A): Monoclonal antibodies. The studies I was given this will answer this for you. The monoclonal antibodies like Regeneron that were having 100% success rate against COVID were banned by the FDA in America and all jurisdictions of the United States two years ago. When I go to look up what is antivenom, because, of course, if I got bit by a rattlesnake, I'm going to go get antivenom. The monoclonal antibody studies I had been sent said that they were deriving monoclonal antibodies from the spleens of cancerous cells in pigs.

0:02:41 - (A): In my interviews, I was saying, why would I use a cancer cell antibody in an acute COVID case from another animal? What about the long term effects? Would it create cancer in the future or autoimmune disease in the future, if you're taking other animal cells and injecting it inside of you, I said, we've already got other stuff that works. You don't need

anything else for acute COVID. Well, Dr. Bartlett had an infusion center in Odessa, Texas, outside the hospital using monoclonal antibodies for four months. 100% success rate with 1000 patients per month for four months straight.

0:03:11 - (A): When he heard my interview, people were sending it to him and going, you might want to take care of Dr. Artis, get rid of his concerns about monoclonal antibodies. So he sends me that text, doesn't say anything about COVID Hey, if you got bit by a rattlesnake, would you go get antivenom? I don't know why he sent it to me. I go online and look up, what does he know as an Er doctor about antivenom? I don't know about it as a chiropractor, chiropractors do not treat snake bites.

0:03:33 - (A): So I knew he had. So I looked up, what is antivenom? And oh, my God, Jason. Imagine my shock to read that all antivenom worldwide, 90% of all antivenom used in hospitals or clinics around the world to treat snake bite victims is monoclonal antibodies.

0:03:55 - (B): Wow. So they're actually used as an antivenom.

0:03:59 - (A): That's what monoclonal antibodies are. I was like, Wait a minute. Then I go on to realize, wait a minute, hold up. Monoclonal antibodies, treat snake bites. Monoclonal antibodies, this is how they get them. They actually inject snake venom into horses and cows. Those horses and cows produce antibodies against the venom. Then the scientists extract the blood from the animals, try to isolate and centrifuge out just the antibodies. Then they send them to hospitals and little bitty vials ner centers around the world. And go, you get bit by a scorpion, you get bit by a spider, you get bit by a snake.

0:04:34 - (A): Here's your monoclonal antibodies. Now, in America, most antivenom is called polyclonal antibodies. So they'll take like, copperhead snake antibodies, ratlesnake antibodies, whatever else, snakes, and they'll combine those together as multiples, because not everybody comes in, get bit by snakes, knows what kind of snake they got bit by. So Americans have figured, let's just give them a whole bunch, several different types, and ones we'll call them polyclonal. The whole rest of the world, 90% of all antivenom is monoclonal antibodies.

0:05:07 - (A): So what Dr. Bartlett wanted me to know is this if you, Dr. Brian Artis, were in a life saving emergency situation, you would put trust in monoclonal antibodies. You just don't know that's what it's called. You would go to the hospital looking for antivenom. You just wouldn't know that they were going to be giving you monoclonal antibodies. His patients coming with COVID were being told in the media what you should be scared for your life, you're going to die.

0:05:37 - (A): So they were flooding his monoclonal antibody infusion center, wanting their lives to be saved.

0:05:43 - (B): And that was working for COVID.

0:05:44 - (A): And it worked. 100% of the time, and they're used as an antivenom, and they are an.

0:05:48 - (B): Antivenom, which means the connection. Is that's how you started getting this idea of COVID is now connected to some sort of venom? If an antivenom is helping those patients.

0:05:57 - (A): Jason, it took less than five minutes to go to this very next thought. Once I realized oh, my God. They use monoclonal antibodies for snake bites and snake bite victims, my very next thought was this and why the rest of the world doesn't do this? I don't get it. It's just how my brain works. It's how I'm designed. My very next thought was this. If monoclonal antibodies are used to treat snake bite victims and it's used to treat venom, why is it working 100% of the time against COVID?

0:06:24 - (A): I thought COVID was a bat virus.

0:06:27 - (B): That's what we were told.

0:06:29 - (A): So when I said earlier in this interview, my father in law dies in February of 2020, I wasn't paying attention to crap about COVID for three months until I get a hold of this hospital protocol on the NIH's website. I didn't pay attention in the media to anything about COVID I don't even watch mainstream media at all in my whole life. So when this hits me that monoclonal antibodies are working 100% of the time against COVID, but we're being told COVID comes from bat viruses, but monoclonal antibodies are used to treat snake bite victims, my very next thought was, what did I miss in the beginning of COVID So I went online, and I actually typed in Google, what is the origin sources of COVID And I couldn't believe that. CNN Health published a paper, and it reads I can put up on the screen. Couldn't believe it.

0:07:26 - (A): It reads, snakes could be the source of the Wuhan coronavirus outbreak. And it's in January of 2020. And then the very first sentence of the article reads, snakes, the Chinese cobra may be the original source of the newly discovered coronavirus that has triggered an outbreak of a deadly, infectious respiratory illness in China this winter. And I was like, Wait, what? I never, ever would have been on CNN or watched CNN in January 2020, even. See this. You can see the date.

0:08:07 - (A): The date is January 24, 2020.

0:08:11 - (B): Wow. Is that still up?

0:08:13 - (A): Yeah.

0:08:13 - (B): Interesting.

0:08:14 - (A): Still up. And then I find this article. Look what this article published in January 2020, what they were calling COVID. Look. Look what they called it.

0:08:25 - (B): Snake pneumonia. Coronavirus outbreak in China traced to snakes by genetic analysis.

0:08:32 - (A): Really? So geneticists who specialize in DNA were able to confirm that the source of COVID was actually snake DNA.

0:08:41 - (B): So where did the whole bat thing come from, and when did that start? Do you have the timeline?

0:08:46 - (A): I do, because I was, like, reading all these articles from January 2020, and every single one of them is talking about snakes being the origin of COVID I'm like, what where did the bat stuff come from? At the end of January of 2020, every single one of these articles have date stamps of being fact checked. And this is when the narrative starts being turned to bats. It ain't snakes. It ain't snakes, it's bats. It ain't snakes, it's bats.

0:09:15 - (A): I wonder how all the Chinese geneticists felt knowing that they're the DNA experts and figured out in January of 2020. In this paper, this paper. In this paper titled Cross Species Transmission of the Newly Identified Coronavirus 2019. nCoV stands for Novel COVID. January of 2020, chinese researchers took the blood of everybody in hospitals in Wuhan, ran their antibodies, ran their DNA sequences to see what is their antibodies targeting, and they published what it was they said it has.

0:09:56 - (A): You can read the summary here. This is the conclusion. In summary, I'd like to read this to the audience. In summary, results derived from our evolutionary analysis suggest that the 2019 novel coronavirus has most similar genetic information with bat coronavirus and has most similar codon usage bias with snake.

0:10:22 - (B): Can you explain that?

0:10:23 - (A): I'm about to. In fact, we're going to show you. Ready? So I as any human being who doesn't have a definition for a word, term or phrase, I will look it up. I do not profess to know all things. So I have to go look stuff up, hoping other people do this too. So when it says here that it has similar genetic information with bat coronavirus and has most similar codon usage bias with snake, I have never in my entire life read the words similar codon usage bias in my life.

0:10:56 - (A): So this is what I had to do. I had to go look it up. What does codon usage bias mean? Oh, my God. On the NIH's website, here's the actual article. The link is on the page. Codon usage bias reflects the origin. Really? Well, this is what you do. You take that phrase out of the Chinese geneticist research study, the COVID-19 virus has most similar codon usage bias with snake. And you overlap the word origin has most similar origin with snake.

0:11:32 - (B): It makes perfect sense.

0:11:34 - (A): Really? Really. And then they publish this and they take what's called a squared Euclidean distance. This is from a species with this set of DNA. How far away from the DNA of what we're looking at? How far away is the squared Euclidean distance? It's a genetic term. I had to learn what's the squared Euclidean distance between that DNA and all other species. And the smaller that number gets, the closer you get to the origin creature. And then they show you the image.

0:12:07 - (A): These are all the animals it's most likely to be. And to the far left snakes is the origin. Farther right you go, you get away from the origin.

0:12:15 - (B): So the third one's a bat and the first two are snakes.

0:12:18 - (A): That's right. And the first snake is the cobra snake, which is an Asian venomous deadly snake. The second you can see from the illustration is a cobra.

0:12:27 - (B): Wow.

0:12:28 - (A): So this is what they published in January 2020. Imagine my shock that we're sitting here three and a half years into this pandemic, and I'm the only one, it appears, that wants to continue telling you guys, DNA experts that we trust in the judicial court system to lay down the final confirmation that this person raped, murdered your loved one. Because we have DNA evidence, those people that we trust, those people have been ignored.

0:12:53 - (A): Fact check away from those experts who are geneticists, not. The chiropractor figured this out. And that wasn't the only people that figured it out. These people did it in January in China. And then in April 2020, french researchers isolate the spike protein of COVID and they run their own DNA test. Just the spike proteins, these little be things that make this virus different than the first SARS covirus. In 2003, they said the only thing different is there's these little proteins on the outside of the virus called spike proteins that did not exist on the first SARS CoV, one that was called SARS and MERS.

0:13:29 - (A): And they isolate the spike protein and they run its DNA sequence, geneticists do in France, and they publish their findings in April of 2020. They published their findings that the spike proteins of COVID are identical to two things a protein in king cobra venom called cobra toxin, and a protein inside the venom of the Asian cobra snake called bungarotoxin.

0:13:54 - (B): How do they implement this venom to impact us? Through what I understand, in some cases, through water, from what I've learned from you. But can you speak more on how it's actually done?

0:14:06 - (A): Yeah, I'll speak to this in any of the slides, any of the presentations. We've got all the research to back this up.

0:14:10 - (B): Sure.

0:14:12 - (A): And can I start with the vaccine real quick, but not get into full detail, please?

0:14:15 - (B): Yeah, go wherever you want.

0:14:17 - (A): Jason, 5 billion people in this world have at least taken one vaccine for COVID. On the NIH's website right now, I want to show a document because just to set the stage for you here so I can quote it, on the NIH's website right now is a document for laypeople to read, not doctors for laypeople to understand how they made the COVID-19 vaccines. And you've got to see this. Okay, here it is. The title of this document on the NIH's website right now is Understanding COVID-19 mRNA Vaccines. Now, Jason, if I asked you and your audiences, what did they tell the world they were vaccinating people against or to help them fight?

0:15:08 - (B): From what I understood, from what they.

0:15:10 - (A): Told us in the media, the COVID-19, SARS CoV two. Okay, so SARS CoV two is the correct thing. SARS CoV two is what they called the virus. The virus is not COVID-19. The symptoms that you're supposedly getting from this virus called SARS CoV Two, which include symptoms like fever, chills, fatigue, loss of taste and smell. Those symptoms are put in a category they call COVID-19 disease. So people don't get COVID-19. You get something causing a bunch of symptoms they're calling COVID. You cannot look in a microscope, look in someone's body and go, oh, you have COVID. COVID doesn't exist. It's a collection of symptoms, okay?

0:15:52 - (A): No different than like, lupus. You don't see lupus in a body. It doesn't exist. It's not in there. You don't see AIDS in a person. AIDS isn't floating around in a body. They say HIV virus causes these symptoms of immune deficiency that we're going to call as a collection, AIDS, okay?

0:16:08 - (B): So just to clarify, COVID-19 and SARS CoV, two, two different things. CoV Two, they're calling the virus and the expression of symptoms. And that group of symptoms would be what we now refer to as COVID-19.

0:16:23 - (A): Exactly right? So we are being told with the COVID-19 vaccines. I've asked you if I'm correct with this question. Did the world tell us, and the health agencies around the world, did they tell us the vaccine would help protect us from SARS CoV Two virus many times and would it help prevent worse outcomes if we got another version of SARS CoV Two many times? Did they tell us it would help to prevent worse hospitalization and death experiences for those who get future COVID variants?

0:16:52 - (B): I can hear the voiceover of Dr. Anthony Fauci in my head, right?

0:16:56 - (A): This is what we're told, okay? I want to show you on the screen on this document that's right now on the NIH's website when they're teaching the public this pamphlet titled understanding COVID-19 mRNA Vaccines, they actually say this. I'm going to read you the quote, please. I have it highlighted in blue. mRNA vaccines do not contain the SARS CoV Two virus.

0:17:23 - (B): So what do they contain?

0:17:25 - (A): So you cannot get COVID-19 from an mRNA vaccine. All right? Now, I put this up on the screen at a presentation this last week, and the whole audience was like, what? Okay, if the virus was the issue worldwide, don't you think they would have put a little bit of this virus inside the vaccine to protect you and help you build an immunity, an artificial immunity against maybe other SARS CoV Two virus variants they're saying is mutating around the world.

0:17:55 - (A): Is that weird to you at all? All at home that they didn't put any SARS CoV Two virus in the actual shots? Your very next question should be this. Well, what'd they put in there? Well, I'll show you because they tell you in a separate pamphlet on the same website, okay? This pamphlet is titled COVID-19 mRNA Vaccine Production. And they state here, early in the COVID-19 pandemic, researchers used state of the art gene sequencers to quickly sequence the SARS CoV Two virus.

0:18:26 - (A): And then this sequence was quickly shared with the other researchers. Now pay attention to the first part of this paragraph. It reads early in the COVID-19 pandemic. You don't get any earlier than January of 2020.

0:18:40 - (B): When was this shared?

0:18:41 - (A): This is right now, okay, on the website. So what did they find early on in the pandemic? They found that the origin of COVID was two snakes. This is right now in a pamphlet titled COVID-19 mRNA Vaccine Production. And they set the stage for you to understand that we had geneticists around the world early on in the pandemic figure out the gene sequence of COVID and then we shared it quickly with the rest of the world. Oh, did you? Well, this is what you found, that it was bat.

0:19:12 - (A): It wasn't a bat virus they found. It was two snakes venoms. In fact, this is the French researchers study. I took this right out of their paper in April of 2020. You'll see at the bottom of the graphic, SARS CoV, two S is the spike protein of COVID Right above there, the genetic sequence is identical to Bungarotoxin, which is venom from the cratesnake. The very first one at the top is cobra toxin from the king cobra. You can't follow this narrative.

0:19:40 - (A): Okay, so this is what they say you're looking at on the screen. But we're going to go up into the paragraph in the pamphlet on the NIH's website. They said they selected the spike protein gene as their vaccine candidate. So they didn't put any SARS CoV two virus in there. They just put this thing supposedly on the outside of the virus called a spike protein that was found to be king cobra venom and crate venom by geneticists all around the world.

0:20:04 - (B): So just to get this straight, you're saying that they're putting that venom in the vaccine itself?

0:20:09 - (A): I'm going to show you how they're putting it in there because they put it in the pamphlet.

0:20:11 - (B): Okay?

0:20:12 - (A): All right, so you can call it okay, this is really funny. You can call it a spike protein all you want. The spike proteins are snake proteins. They're just giving them some other nomenclature, using language to keep it hidden from you what it really is. Geneticist over and over and over already confirmed it's actually identical to venom proteins from snakes. You can call it spike protein all you want. It's snake proteins. So they say. Here again, they selected the spike protein gene as their vaccine candidate, which was confirmed to be venom protein from the king cobra called cobra toxin, and then a venom protein from another snake in Asia called Bungarotoxin. And the snake is called the crate snake. All right, so they're telling you, we didn't put the virus in there.

0:21:01 - (A): We only trying to protect you from the spike proteins in these vaccines. We don't care about the virus. If the virus was a big deal, they would have put it in the vaccines. If the virus existed, they might have put it in the vaccines.

0:21:14 - (B): Interesting.

0:21:15 - (A): I don't know. Why did you not put it in there? No one's ever been able to prove it exists. They can prove thee with DNA testing that these venoms exist in every COVID-19 patient around the world. They have found these venoms in every single COVID-19 patient around the world. How did they put venom based snake proteins into the COVID shots? They tell you right here, this is the actual demonstration.

0:21:39 - (A): They say, we take the Spike protein gene and we put it inside of what is called a DNA plasmid.

0:21:44 - (B): What is that?

0:21:44 - (A): And I'll read it to you. It says the target spike protein gene is then synthetically manufactured so the venom based Spike protein snake protein is synthetically manufactured and inserted into a plasmid, a small circular piece of DNA. So they just make this little ring of DNA and they can insert any payload they want into that plasmid. And this plasmid is really, really little, and it gets absorbed into bacteria, into yeast, into your mammal cells. And the instruction of a plasmid is to tell whatever cell it gets into to manufacture whatever the Spike protein gene is.

0:22:29 - (B): And that's how they're putting it into the vaccine itself.

0:22:31 - (A): They are putting these plasmids into the vaccines and injecting them inside of you.

0:22:36 - (B): Okay, but people were getting sick before the vaccine.

0:22:38 - (A): Oh, yeah. So actually, the way they actually created the COVID-19 pandemic was to spray these plasmids through the air, in your water and in your food. And they are manufacturing tons of these plasmids around the world to create pandemics.

0:22:55 - (B): For anybody that's watching, though, would call you a crazy conspiracy theorist. Can you show us proof and evidence of that?

0:23:00 - (A): Yeah, let's do it. Yeah. So I actually came out with a documentary called Watch the Water. Freaked out a whole lot of people, made a whole lot of medical professionals upset because they all said, you can't drink snake venom. Because I proposed, they're putting this in our water systems and you're just drinking it. You have to understand, I'm a very logical guy. The idea of locking down the world and telling everybody to stop breathing on each other, you're going to spread this respiratory virus to each other. And we're all on lockdown. And the worst variant of COVID makes the whole world sick while we're all locked down.

0:23:31 - (A): How'd they get it to us? How did it get spread to all of us? We're in our houses, and we all have air conditioning and filters in our home and HVAC units. How did we all get this respiratory virus inside of our bodies, in our houses? We only pay the government to deliver one thing into all of our houses in every industrialized nation around the world.

0:23:50 - (B): Water.

0:23:54 - (A): Snake venom is water soluble. Did you know that? I didn't know that. I had to look it up. I was like, could they be doing it this way? Can venom of snakes be absorbed through your skin like in a shower and in a bathtub? Yes, it can. I did not know this. I had to go look it up. They are conducting studies all over the world for decades. How do we get venom of cobras, mambas, and marine shell creatures in the oceans? Venoms.

0:24:20 - (A): How do we get them into the bodies of people? They know they can get you to drink it. They know they can inject it. And they know it'll get absorbed right through your skin, through water. And they publish it over and over and over that they've been doing this. When you get to the DNA plasmids, remember, vaccines and vaccine agendas. Forever has been there's a flu season. You've all been exposed to the flu. In order to protect you from this new variant of the flu, we need to give you this vaccine. We're going to put a little bit of the flu in you.

0:24:47 - (A): A little bit.

0:24:48 - (B): This is different.

0:24:49 - (A): So that your immunity can create some reaction to that flu virus that we gave you in the shot. So that when you're exposed to the flu in the future, you already have immunity ready. They just told you they didn't put SARS CoV two in these virus in these vaccines. They only put DNA plasmids inside of them to protect you from COVID What.

0:25:10 - (B): You're basically, I'm going to say implying here, but it's even more than that. Is there's a form of like a mass genocide going on?

0:25:18 - (A): Oh, there is a mass genocide going on for sure.

0:25:21 - (B): Okay, so let me play it started.

0:25:22 - (A): In the hospitals, by the way.

0:25:23 - (B): Let me play devil's advocate for sure. You're saying the government in the United States is now putting know through everybody's water system. What about the rest of the world? The whole world was getting sick basically simultaneously. More or less. So you're saying that this was something globally beyond just the United States government?

0:25:41 - (A): For sure. The entire world.

0:25:42 - (B): How did they orchestrate something like that.

0:25:44 - (A): Through the water systems? Super easy. This is actually an agenda that started out in the Nazi Holocaust concentration camps. They had two things they discovered in Nazi Germany that they could actually control their people inside of those actual camps. Two things. They knew they had to control their water systems and they had to control the vaccines injections into them. And they were experimenting with metals to see if they could control and subdue their actual resistance.

0:26:13 - (A): And then they knew they could poison them and subdue them through their water systems. When we brought all over the Nazi war crime people into the United States, put them into the CIA, put them into NASA just a few years later is when the water treatment systems of America were built.

0:26:28 - (B): Really?

0:26:29 - (A): And this is when the vaccine agenda in America took off. They are using the water delivery systems to create pandemics. And there was a warning written in 2007. There's a paper written titled Water and Terrorism and it goes through all major industrialized nations in the whole world where the weaknesses are inside their treatment systems for water that would allow any terrorist organization, group, country, you name it to put anything they wanted into the water, deliver it to any communities or villages, create a pandemic, weaken those individuals and be able to take them over with war or by military force.

0:27:09 - (B): So it's basically weaponizing our water system.

0:27:11 - (A): And they list in 2007, they actually put in the document what can be put in your water systems to create these pandemics, done and performed and orchestrated by what he calls terrorists. And he lists things like this weaponized E. Coli bacteria, weaponized yeast. You can put in the water and suspend it. You can put defense toxins from animals in the water and make people sick. Defense toxins from animals are venoms.

0:27:44 - (A): And then they go so far as to tell you how to manipulate and allow those toxins. Poisons, anthrax included diphtheria, toxin included, ricin. They go in through all of it. And in the flipping document, it tells you how to.

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0:00:00 A It tells you how to make those deadly toxins, poisons, and pathogens, how to get them to die with a certain amount of chlorine, and how to reduce the chlorine to let it live.

0:00:11 B Oh, wow.

0:00:13 A You could create an outbreak in your town or in your city in New York City. You could create an epicenter outbreak in New York, take just a few skyscrapers and put venom in that water, send it up those actual apartments, and you can make thousands of people sick overnight by taking showers, bathing in it, drinking the water they're going to drink, the venom. They're going to break out with what's called respiratory failure or arrest. They're going to end up in your New York hospitals. They're going to pump you full of remdesivir, throw a whole bunch of dead people who died from acute kidney failure from a drug, and set the stage for a global pandemic using America's media conglomerates.

0:00:54 A Congratulations. Psychos.

0:00:56 B The Department of Environmental Protection. What they're supposed to be. They can identify certain things and markers and our water levels. Have you ever gone into that aspect to find what they're reporting in the water and found any evidence within their water?

0:01:13 A Yeah. One of the things that was bought to me was, how are they getting this into the homes of people while we're all locked down and not breathing with each other? How are you getting the whole city sick? We're not breathing on each other. We're all at home. The water was the only way that I could see that it would even make sense that they could get this into us. Obviously, there was a massive political engine behind COVID-19, and it was global, obviously, to many of us.

0:01:37 A So something had to be orchestrating that. Anyway, so the water is what made the most sense to me. And what was your question if you've.

0:01:46 B Ever gone into the actual water levels of reporting to see if what you're saying is seen in the reporting?

0:01:53 A Yeah, that's actually a very good question, because no one else was looking at this. I had no idea why no one looked at this. But before I got the text by Dr. Richard Bartlett, that sent me off on this quest to find out, well, what is the real origin of COVID and the venom aspect of COVID I was already reporting on stages that the CDC was using this thing on their website. It's called CDC's Wastewater surveillance tab for COVID-19.

0:02:22 A So when I would show audiences this, I was like, they're saying something on this document that they are surveying water treatment plants. They're PCR testing wastewater in your town, and then they are predicting an outbreak of COVID in your town to be seven to ten days after they test your water. This is what they said. And when you read that, you're like, wait a minute. When people flush their toilets in a city, the wastewater is supposed to be leaving the town if you're PCR testing the water and you're seeing the levels of COVID are going up, that means COVID already went through those people. They flushed it out of their body into the toilet.

0:03:02 A So how is it coming out? And you're testing wastewater, then they even say it takes about four days to get the samples to the CDC in Atlanta to be tested and confirmed for results. Then they give those results to the city they tested it in, and from there, they would then predict a seven to ten day later outbreak in that town. And I'm like, that doesn't even make logical sense. If you had the virus in your body in that town, and now it's in your Poop, it already went through you, you would have already been sick.

0:03:32 A So the rationale behind how they were using this technology of surveillance, I was shocked to find out that the CDC had been doing this in 400 cities in America since January of 2020.

0:03:46 B That's when it started.

0:03:47 A Yep. They report that they started doing it when journalists were asking them in October of 2020, when a journalist found there was an area roped off, for example, in Houston, Texas, there was CDC, and people are out there in this water treatment plant testing samples, and it was all roped off. This journalist wanted to know what's the CDC doing here in October of 2020? And the CDC people representing the CDC, the contractors, said, oh, the CDC is testing water for COVID.

0:04:17 A This journalist is like, how long have they been doing that? And he goes, oh, they've been doing it since January 2020. Then the journalist wants to know what's all the data that you guys have for all your test results from January to October when we just found you at this water treatment plant? And do you know the CDC to this day, has never actually released that data from January to October of 2020 of any of their findings in any cities in America. And I find that a problem.

0:04:44 A Why don't you want to release what you found from January to October of 2020? Since then, you guys need to be aware. The National Emergency for COVID-19 by Joe Biden's administration was actually dismissed May of 2023, just a few months ago. But do you know that since 400 testing sites at the very beginning of COVID and all the way through last year, do you know the CDC has now increased that to 2000 cities?

0:05:11 A There's now 2000 cities that they're doing that in? And what did you just hear? You just now heard that Joe Biden you can expect out of his administration. You heard you can expect lockdowns America coming this month for the next wave of COVID You better pay attention to what they're doing, because what they're saying to you doesn't make sense. Now, just so you know, a lot of medical professionals around the world reached out to me and went, your wastewater stuff doesn't make any sense.

0:05:36 A Oh, yes, it does, because it didn't even make sense to Dr. Chetty in South Africa in the beginning of COVID He actually came out and said, how are they finding a respiratory virus in wastewater? People aren't coughing into the toilet. How is the virus getting into the sewer?

0:05:56 B Well, you can say through urine, feces, things like that.

0:06:00 A Yes, you could poop it out, pee it out. But if you have something you've breathed into your mouth and you have now an immune reaction to a virus in your lungs, what do you do to get it out of you? You cough it out in mucus and phlegm. People don't go cough their phlegm and mucus into the toilet to go find this virus inside the wastewater. You are pooping and peeing it out. So even Dr. Chetty was like, why aren't we tracing this supposed respiratory virus? He's an MD. By the way. Why aren't we tracing this back up into the bowels where this virus is coming from? Now, if I asked you something I don't know if you know this, but have you ever bitten into an apple and ever gotten a piece of fruit that you inhaled into your yes.

0:06:43 A Trachea, and you got it? Like, what's your immediate reaction?

0:06:45 B You cough.

0:06:46 A You cough it out, right? You ever had something go down there and it just actually goes somewhere, and you don't know where it went, but you can breathe? Thank God. Yes. Do you know that that piece of that food did not get digested in your lungs to end up in your poop? Do you know that?

0:06:59 B Where does it go?

0:07:00 A Your body breaks it down with macrophages and immune cells in your actual lungs and then takes it into your bloodstream and into your lymph system.

0:07:06 B Wow.

0:07:07 A All right. So if you inhale a piece of apple into your mouth and into your lungs, it will not end up in your poop to end up in your wastewater. That's not where it's going. The only thing that ends up in the poop and in your wastewater is what you swallowed into your stomach and into your intestines. So the food you eat goes into your esophagus, down into your stomach, into your intestines, and you poop it out.

0:07:30 A So guess how this virus was getting into? Everybody that they're sitting there testing the poop water from, you swallowed it. For sure, you swallowed it. And it's the only thing that makes sense about this whole thing. So when we get to these DNA plasmids I didn't know about DNA plasmids until about four months ago. Actually. Never even knew these things existed until I found this on the NIH website. I was like, oh, my God. You're putting DNA? Plasmids. What are these things? Where'd they come from? And I will give credit where it's due. There's a guy named Kevin McKernan who brought up the fact that these DNA plasmids exist.

0:08:00 A Dr. Henry Ely starts sharing all this research with me and I was like, oh my God, this is how they did it. There was no virus. They used DNA plasmids to do this. I just didn't know that. Geneticists around the world have been making plasmids since the putting snake venom and other venoms inside of DNA plasmids that they call spike protein genes. I didn't know they were doing that. I had no idea. You just need plasmids and a venom protein gene inserted inside of that and then you put inside that plasmid something called a promoter. It's an instruction in genetics, genetic term. It's a promoter that

tells the DNA in a mammal cell or the DNA in a bacteria or the DNA inside of a yeast cell or fungal cell to make the spike protein gene and spit it out of you.

0:08:56 A So bacteria and yeast suck in the plasmids, your own cells suck in the plasmids and then they release the actual venom into the body or the environment, wherever it is. And that's how they got COVID inside of you. Just so you know, anybody out there living with long hauler COVID symptoms after having a mild case of COVID you had DNA plasmids with the spike protein genes of king cobras and bungarotoxin in your body. They called COVID.

0:09:21 A Even PCR tested it and found that's what you had and then you have had lingering symptoms for a year and a half to two years ever since. Because in your body these plasmids were what got inside of you. Now they're in your cells, they're in bacteria in your cells and in your bowels like E. Coli and what's called interobacter cells. And they're also inside of yeast inside of your bowels, which can be called candida or yeast.

0:09:47 A All of that microbiome in your bowel is what they are weaponizing to be biological weapon manufacturing facilities in your own body.

0:09:57 B So you're now creating more of that within.

0:09:59 A You are nonstop making the venom proteins over and over and over and over and over as long as those bacteria, yeast and your cells are in your body manufacturing it. Question and this has already been confirmed.

0:10:11 B By the way, animals, babies, animals I don't really see get sick at all. And babies very, very little. How do you explain that if we're all drinking the same water?

0:10:21 A Yeah, this is phenomenal. And to speak about the water DNA plasmids in my conference I just did yesterday, we'll provide all the slides here for your audiences in 2017. And in 2019 they discussed doing experiments in water systems in America with DNA plasmids. And they want to know what's the effect of chlorine acids, UV light and hydrogen peroxide in these water treatment facilities? They want to know does it kill the plasmids? Does it destroy them, does it hurt them? And at what levels does it affect them?

0:10:48 A And they were able to confirm that chlorine does not have 100% cure rate to kill DNA plasmids or destroy their structure. That plasmids infused with venoms are actually very resilient to chlorine acid, UV light, but not hydrogen peroxide. So we'll show you that. We just found these studies to make sure you need to know. Leading up to the pandemic in 2020 in America, they were doing research with these plasmids, with the spike protein gene you're seeing in the COVID-19 shots. It's also what created the symptoms you're carrying right now. Acute COVID and long hauler COVID symptoms. And then they needed to know. Imagine my shock and the irony. They're so easy to discover and unveil their actual nefarious activities, they had to, for four years leading up to the pandemic, now test their final discovery.

0:11:42 A Can these be suspended in water? What is the effect of chlorine sunlight? Because there's aquifers all over the country, right, delivering like big canals, delivering water from some states to other states, but they're exposed to the air in the sunlight. They needed to know, does UV light destroy the plasmids? What happens when we treat the water that people get in their homes with hydrogen peroxide? Does it kill the plasmids? Oh, my God.

0:12:04 A Hydrogen peroxide did chlorine and the UV lights did incredible. They needed to know that this was going to work and could be sustainable. And then they released it.

0:12:14 B So, again, how do you explain the pets and the babies?

0:12:17 A Oh, this is great. So when I came out with this snake venom theory, as they called it, and that they were doing it through the water, king cobra venom and cobra venom. When I woke up the next morning after the Watch the Water documentary, scientists from around the world that I'd been connected to and conversations in my email were sending me all these research studies because it was the final thing for them. They couldn't figure out for the whole two years of COVID No one could explain to medical professionals and scientists why this respiratory virus was affecting adults, but not babies and children until now.

0:12:52 A And to be honest with you, I actually didn't do that research. These people did. So there's a bunch of people around the world that wanted to know what is the difference in children and adults when it relates to snake venom? And

what is published around the world since the 1970s is that children are not as affected by venom as adults are. Babies, children, adolescents. As you get older, you're more susceptible to the venom. And do you know what they publish is a natural inhibitor or a blocker to the toxic effects of venoms in humans?

0:13:25 A Melatonin hormone. And do you know what babies, children have? Twice as much as adults do? Melatonin.

0:13:34 B Animals as well.

0:13:35 A Dogs are always animals as well. You see them all. They're always sleeping. This was the final thing for all of them when they found the studies were confirming that melatonin by itself as a hormone, blocks 50% of the toxicity of all venoms worldwide. They were like, oh, my God.

0:13:51 B While we're on inhibitors, what other things are inhibitors for something like snake venom? And I'm curious to see if there's a connection between certain things that were banned in the United States or around the world.

0:14:01 A There is a huge connection, and I'm really glad you brought this up. I did not know what this interview was going to be about. I didn't know it was going to be called antidote. But, God, I was hoping you were going to ask me this when you told me this morning what the title was. Okay, in April of 2020, you have the studies. You're going to share it with the audience. You got to show the audiences. They showed and proved that the DNA sequence of COVID-19 was identical to Cobra Toxin Bungarotoxin. And then when I showed the graphic, it shows there's three parts of really close similarity to the rabies virus genes, pieces of it, of the rabies virus.

0:14:39 A And in April of 2020, the geneticists said, the French scientist said, this finally explains all of the symptoms of COVID cobra Toxin Bungarotoxin, and these rabies virus segments. And what they said was, is all around the world. What you're hearing is that the SARS CoV two virus's, spike Protein, is binding to ace two receptors in the body to make you sick. People at home don't worry about that. They were saying around the world in medical journals, and all the doctors were believing it, that on the outside of your cells are these things called ace two receptors. Ace two is acetylcholine receptors, a chemical that transmits information from one cell to the other.

0:15:15 A They were saying ace two receptors were what the Spike Protein was binding to and getting inside your cell to cause an infection called COVID. Okay, these researchers in April of 2020 said, no, it isn't ace two receptors. In fact, it can't be ace two receptors. We just conducted a study and confirmed that ace two receptors don't exist in the lungs. So this can't even be a respiratory infection. You believe that there is no ace two receptors on the outside of the cells in your lungs, but they're telling you this virus is entering your lung cells by going through the ace two receptor to get in. And they're like, but there are no ace two receptors on the outside of your cells in your lungs.

0:15:53 A So how can this be a respiratory virus? Cobra Toxin Bungarotoxin, of these two snakes and rabies virus all target one receptor in the human body, and they're called alpha seven nicotinic acetylcholine receptors. For short, they're called nicotine receptors.

0:16:13 B There we go.

0:16:14 A But they were specific. They said it's alpha seven nicotine receptors. And this finally explains all the symptoms of COVID because they said in April of 2020, the unique thing about Cobra Toxin and bungarotoxins from these two snakes, these are neurotoxins, meaning they don't target just the lungs. They go to your brain and they cross the blood brain barrier immediately. And then they bind to what are called Alpha Seven nicotine receptors in your brain stem. And when venom hits them, it shuts off the cell's function of that nerve. And the nerves in your brain stem control your diaphragm's contraction to breathe and your heart rate's ability to contract to pump blood.

0:16:54 A And when those neurotoxic venom proteins hit the nicotine receptors, it suppresses the diaphragm's ability to contract. And then the animal or the human becomes hypoxic and goes into respiratory failure. Hypoxic meaning not hypotoxic means low oxygen. Do you remember everybody was wearing pulse oximeters for the first time ever. No one even knew what that was, except for people in hospitals using them now. Everybody had one from Target, Walmart, everywhere around the world. Everybody's put one on their finger, watching their oxygen go down.

0:17:23 A They all publish there. This is a side effect of venom. This is how venomous snakes kill their prey, by paralyzing the diaphragm and their.

0:17:30 B What about the taste and smell?

0:17:32 A Yes. So when I said, they said, it answers all the questions to all symptoms of COVID Every single nerve has Alpha Seven nicotine receptors, the nerves in your tongue that control taste. When venom hits it, it shuts off that cell's function. It doesn't kill the cell, it just shuts it off. So if that cell that God designed to put inside of your body is designed to taste, it no longer will taste as long as the venom is bound to it to the nicotine receptor.

0:17:57 A You also have nicotine receptors in your sense of smell, nerves in your brain or in your nose called the olfactory bulb. And when venom would hit that, it would actually shut off your sense of smell. Now, in this paper in April of 2020, they said all the symptoms of COVID can be explained by these venom proteins they're calling the spike protein from these two snakes. And it is explained by these nicotine receptors they all target.

0:18:22 A And this finally explains Jason April of 2020. This finally explains why around the world, when hospitals were emptied to get ready for the flood of all these sick people, why it was smokers were the least affected worldwide.

0:18:39 B You know, I found something interesting when I looked into that. The hospitals published that, but I saw, based on your work and what you brought to the surface, and I think it was the CDC and a few know agencies out there, whatever you want to call them, came out and said the exact opposite. Can you speak more on that?

0:18:56 A Yes. In this April 2020 paper by the French scientist, they said the reason why smokers aren't being affected is because of the circulating nicotine in their body. And nicotine has a 30 times higher binding affinity to those receptors than venoms do. So if there's nicotine floating around in your blood or in your brain, it'll take over it will release the venom and bind to nicotine. That's how these receptors are designed perfectly, to only grab onto nicotine.

0:19:22 A So they said the benefit of the nicotine and smokers is helping people. They did not tell the world to go smoke, but their actual document reads, we are so sure about this because even Ivermectin is being touted around the world as showing proof to stopping the SARS CoV two replication and the worsening outcomes for COVID. And the world doesn't know this. The medical profession still doesn't know this unless they've watched my presentations they published.

0:19:49 A Ivermectin also binds to alpha seven nicotine receptors. This is how it's working. It mimics the effect of nicotine.

0:19:56 B And you're saying ivermectin is also stronger than the venom?

0:19:58 A It is. So it will override it, but it is not as strong as nicotine, so it will not protect everybody from the venoms. The dosing will be specific. Nicotine is the highest potent affinity, they call it, to binding to those receptors, even over ivermectin. And I want to speak to that. There are people around the world, even medical doctors, who have been taking prophylactically ivermectin for two years, and they still have their long haul, their COVID symptoms. When I tell them to chew nicotine gum, they all report within three days, all their symptoms go away.

0:20:26 A They have that going into them every day, but it's not doing the job. It's because the body's designed to grab nicotine more than anything else.

0:20:35 B I've seen a lot of people over the past month, two months, specifically because of your work, inspired by you and what you bring to the table. Start walking around with nicotine patches and I'm looking like, what's going on here? The nicotine patch, to my knowledge and to the rest of the world, is to help you. Wean off of wanting to smoke because we have this association with nicotine addictive. Terrible, horrible. You want to move away from it. So can you clarify your view and your perspective of nicotine with any nuances? Because when I heard it for the first time, I'm like, what?

0:21:09 A The whole world reacted that way at.

0:21:11 B First because it sounds crazy. We need to acknowledge that elephant in the room and then explain it, because most people will hear that and be like, what is this guy talking about?

0:21:19 A Yeah. So I don't know how long you want this interview to go for, but this is going to be an incredible opportunity to educate and save a whole lot of lives around the world. Okay? And I really mean it genuinely. This is a miraculous opportunity to help so many people. You asked prior to this question. In April of 2020, french researchers and

geneticists confirm and then publish that nicotine in smokers and ivermectin is working against COVID because it binds to these receptors better than venom does.

0:21:49 A Their very last statement in their actual paper was a request to all governments around the world to invest in funding studies using nicotine patches, nicotine gum as the antidote to COVID to end the pandemic. The very next month that was April of 2020. The very next month in May of 2020, Anthony Fauci, Joe Biden, all go into the media, go do shows everywhere, in the news, everywhere, telling the world that new data has come up that smokers are the highest at risk for getting COVID and are dying in hospitals around the world. America, there's no better time than now than to quit smoking.

0:22:22 A This is how far the lies go, all right? They flat out needed people to quit smoking so they would get sick to buy into their vaccine agenda in the future, because they weren't getting sick, those that were smoking. All right? Now you're asking about the nicotine and the patches. I just want you to know what.

0:22:40 B You just said is the fact that.

0:22:42 A It goes that deep oh, it goes way deeper than that. And we're going to get into this, because I couldn't believe how far this goes. Immediately, people responded, including my wife, who had no taste or smell for two years after having a mild case of COVID and had for six months ringing in her ears called tinnitus that was so debilitating, she couldn't watch TV, couldn't hear me talking. It was driving her nuts. For six months. I was giving her every nutritional supplement, every we even tried ivermectin. It didn't work. Nothing was working.

0:23:12 A When I asked her to do the nicotine, she said first response was, I don't want to try any nicotine product. I don't want to be addicted to nicotine. And I was like, Honey, just try the nicotine. Nothing else has worked. These scientists said, it's working, right? We should try it. Two years she struggled with that stuff and wouldn't do it. But when my Watch the Water documentary dropped and I said, the antidote is nicotine, go get nicotine patches, nicotine gum, people around the world did it. My wife didn't want to do it. She was worried about the addictive part.

0:23:39 A It wasn't until a medical doctor contacted a media outlet and said, get my story to Dr. Artists, please. A medical doctor had gone deaf in Australia in her right ear after having a mild case of COVID. She had been confirmed by other medical professionals that she had 100% hearing loss and would be deaf for life. As a side effect to COVID, she went and bought nicotine gum, chewed it for 30 minutes, and something she felt like air in her ear.

0:24:08 B Oh, my God.

0:24:09 A And then quick, at 45 minutes of one two milligram nicotine tablet gum, at 45 minutes, 100% of her hearing was restored.

0:24:18 B Wow.

0:24:20 A Okay. So when my wife hears this being reported to me in an interview in my house that I'm just participating in via the computer and the internet, she leaves without telling me, goes to Costco and buys this case of Nicorette gum, but doesn't tell me, and then starts chewing it four times a day for ten minutes and spitting it out. And on day three, all of her symptoms disappeared.

0:24:42 B After two years of not having after two years.

0:24:46 A Okay, when I say this is really important, my wife was hesitant to try this because of the worry of addiction, of nicotine. Do you want to know how far the deception goes and how far the lies go?

0:24:57 B That was going to be my question about the addictive factor.

0:25:00 A Everyone at home, look up on the Internet right now. Look up Harvard 2015 study. Nicotine is not addictive. So they do an animal study with nicotine. They want to know just how potent of an addictive substance is nicotine in 2015, and they can't get any of the animals to be addicted to strict nicotine. And then Harvard submits FOIA requests of the federal government to find out how did the tobacco giants make their products addictive if nicotine isn't the addictive substance?

0:25:32 A Because we've all been lied to? Harvard figured it out in 2015. They get the documents from the 1970s, and tobacco giants at that point started to make what they called light cigarettes, and they couldn't get anybody to rebuy them

because they weren't addicted to them. They weren't addictive enough.

0:25:54 B But they had nicotine in them.

0:25:55 A Yeah, they had nicotine in them.

0:25:56 B So what was the difference between those and other ones?

0:25:58 A Yeah. So they just reduced the amount of tobacco product in these cigarettes. However they did it, maybe they made them smaller to make them lighter. Who knows? I didn't even get that far. I didn't even care, because what was revealed was the magic. They hired chemists to come in and actually tell them, how do we make our tobacco products addictive? Because people aren't buying them. This is in the chemists go. Well, they'll be easy.

0:26:21 A If you just add a chemical called Pyrozines to the nicotine and to the tobacco plant, everybody will be addicted to it.

0:26:27 B How do you spell that?

0:26:28 A P-Y-R-A-Z-I-N-E-S. They add two products to enhance flavor profiles and aromas. And they are super addictive. In fact, Harvard published that the Pyrozines are what create the dependency for all tobacco products, including nicotine.

0:26:49 B Let me just recap for a second. Nicotine isn't addictive.

0:26:53 A Right.

0:26:54 B Harvard proved it in 2015.

0:26:56 A Right.

0:26:57 B In the industry basically hired chemists to figure out how to make it addictive to sell more.

0:27:04 A Yes.

0:27:05 B That's when they introduced Pyrozines into the equation.

0:27:08 A Yes.

0:27:08 B And that's what makes cigarettes addictive today.

0:27:10 A Yes. And then they lied all of you and said, tobacco products cause cancer. Oh, my God. We've heard that too. Oh, my God. Wait, it's crazy.

0:27:18 B One question. There are those cautions on cigarette boxes today. I think it's by law where it says caution. Nicotine is an addictive substance. Stay away from it, blah, blah, blah, blah, blah. If Harvard proved what they proved in 2015, how. Is that on the box?

0:27:37 A That's true. Right. I have the same question for the COVID-19 vaccines. How do they still say they're safe and effective?

0:27:42 B Fair enough. We lived in a messed up world. I got it.

0:27:46 A So I guess you're just free to label whatever you want. I guess. And lie to everybody in the whole world? I guess people just get away with that crap. I have no idea how they do this. All right, so they told you also that tobacco and nicotine are also carcinogens.

[TRANSCRIPT] PART 4 OF 6

0:00:00 - (A): Carcinogens that cause cancer, lung cancer. Did you know that right now on the FDA's website they list that they have approved 600 chemicals to be add tobacco, cigarettes and tobacco snuff that are synthetically manufactured chemicals. 600. But they're going to tell you tobacco and nicotine in tobacco are the carcinogen. Did you know that the paper of cigarettes in the actually they laced it with arsenic. Do you know that arsenic is a cancer causing chemical? And do

you know they started adding sugar into the tobacco product inside the cigarettes and when you burn sugar and that sugar gets inside of your lungs where arsenic is, do you know that sugar is an immune suppressant and allows cancer to thrive?

0:00:48 - (A): So you cannot trust the entire narrative you're hearing about tobacco and this is going to get way worse than you think about just venom being in plasmids causing COVID and then these vaccines because you're going to realize just how far they will go to lie to all of us to make us sick. Disease, it's awful in the perspective of tobacco and nicotine. So when I say nicotine is not addictive in January of this year, Jason Sherka, there is a published paper they collected people from around the world who had a myriad of what they compiled were 21 total long hauler COVID symptoms that people had to be having still, for a year and a half after having COVID unrelated to the vaccines.

0:01:35 - (A): This year, January 2023, they wanted to do a study to see how many of the symptoms of people struggling with COVID-19 can we find the worst cases and then can we give them a treatment that will cure them of their symptoms? Finally, after exhausting all of the measures, medication, supplements, rehab, some of those symptoms are these. So think about this at home, people. Does anyone you know and still love who had a mild case of COVID ever in the last four years? Do any of them still struggle with loss of taste and smell at all? Do they struggle with any ringing in their ears at all? Do they struggle with any cognitive impairment at all? Do they struggle with any motor deficits? Picture Parkinson's shuffling their feet. Do you know anybody who's had that since having COVID?

0:02:18 - (A): Do they have exercise induced lethargy? Do they have dyspnea, which is the inability to take a deep breath? Are they challenged breathing wise? Are you seeing people in your life walking upstairs and having to stand there to catch their breath still two years later after having a mild case of COVID? Do you know anybody who's struggling with tachycardia, arrhythmias or palpitations chest pains at all since having COVID?

0:02:41 - (A): Do you know anybody that you love at home and just, you know the reason why I'm doing this? 37% of all people worldwide who had any COVID are reporting these symptoms right now. Wow. So if you don't know somebody, it's because you're not going outside or you don't call anybody or you're a hermit. So when I say, do you know any of these people? You should. Do you know anybody who did not have diabetes and then got a mild case of COVID and now has been diagnosed with diabetes? That's one of the criteria.

0:03:07 - (A): Do you know anybody who did not have high blood pressure before they got COVID year ago, two years ago, and now have been diagnosed with high blood pressure and are now on high blood pressure drugs for life? Do you know those people? Do you know anybody now struggling with insomnia since having a mild case of COVID? Do you know every single one of those symptoms is actually caused by snake venom? All of them. And do you know that this study in January of 2023, did you know that they actually said, we are going to do a treatment with these people still struggling for a year and a half, that nothing else has freed you of your symptoms and we're going to ask you to do one thing and one thing only. For six days only, these people had struggling for two years, year and a half to two years.

0:03:48 - (A): They only asked them to do one thing for six days. And Jason, 100% of all their symptoms went away.

0:03:54 - (B): And what was that one thing?

0:03:56 - (A): A seven milligram nicotine patch. Every day, once a day, they asked him every morning to put on a patch of seven milligrams nicotine patch world. They only sell three types seven milligrams, 14 milligrams and 21 milligrams. They asked them to take the smallest patch size and wear one either on their arm or leg, wherever they didn't care. Put it on their body every morning, put on a new one for six days. Only 100% of all their symptoms went away.

0:04:24 - (A): That was this year. Oh, my God. The French researchers in April of 2020 begged governments around the world to use nicotine patches, nicotine gum, to rid the world of the pandemic. And they all turned their back and then lied to all of you and then said, don't trust any nicotine containing tobacco product instead. Okay, people, let's bring us forward. You ready? Oh. In the paper, they describe why they hypothesized this was going to work. And they quoted two studies, and they said, because the spike protein gene of COVID is from king cobra venom and from cobra snake venom, and they target nicotine receptors.

0:05:03 - (A): And we hypothesize nicotine because it has a binding affinity 30 times more, 30 times more than acetylcholine and venom. It would release the venoms and the symptoms would come back on. Now, I want to explain. This may sound

technical, but you got to get this. And we'll show the world this on every single cell of your human body. Jason, I didn't know this. Every single cell of your body has nicotine receptors.

0:05:29 - (B): I didn't know that.

0:05:30 - (A): Every cell macrophages in your body that clean up all the dead disease cells and toxins, your T cells, B, lymphocytes, everything that protects you and heals you. Every one of those cells has nicotine on them. Jason beta cells in your pancreas that release insulin to control diabetes and blood sugar. Beta cells are controlled by nicotine receptors. And when venom binds to a nicotine receptor on a beta cell, every time they do that, venoms are called antagonistic to nicotine receptors.

0:06:05 - (B): What do you mean by that?

0:06:06 - (A): Antagonistic means it shuts off the receptor. So you have these cells floating around. They got these little receptors out there. Picture a light switch on your phone or on your wall. An antagonist will turn off the light. And an agonist this is what they call it. An agonist turns on the light, which would be the nicotine function of the cell would be you turn on the light with nicotine. An agonist, the most perfect agonist in nature, and then you turn it off with the two top most published antagonists are snake venom and cone snail venom in the ocean. Antagonist to nicotine receptors.

0:06:43 - (B): Other than the associations that we have with nicotine, because generally people go to cigarettes, smoking, things like that, is there anywhere in nature where we can get nicotine? Is nicotine a natural thing that we see in nature, in food or whatever it may be?

0:06:58 - (A): Yeah, that was one of my questions I was like in my life. I believe God created us and created this world. So if he created the tobacco plant and put nicotine into it, what other plants did he do that inside of? So, in the last year I did not know this until this year. You just have to go ask questions and go research. Do you know that the second highest containing nicotine, food or plant in the whole world is eggplants?

0:07:21 - (A): No, it's tobacco and then eggplants. Do you know that every night shade vegetable has nicotine in it?

0:07:29 - (B): Can you list those for anybody who.

0:07:31 - (A): Doesn't know what squash, zucchinis. Those are nice shades, tomatoes. These are all nice shades. Did you know red tomatoes have nicotine in them? And do you know that green tomatoes have ten times more nicotine than a red tomato? Does anyone in the world know that every white potato you've ever eaten has nicotine in it? Did you know every cauliflower you've ever eaten has nicotine in it? Did you know celery has nicotine in it? And then I'd like to ask you at home, if nicotine is so addictive, why aren't more people addicted to veggies?

0:08:02 - (A): And have you ever had a coworker at work? Have you ever heard this walk by your boss's manager's office or whatever, and you heard a coworker begging for a celery break? You're going crazy. I got to get my celery break outside. No, that's because nicotine is not addictive. But they are begging to go outside for their tobacco breaks of smoking because they added Pyrozines to make nicotine addictive.

0:08:27 - (A): We altered it. These vegetables that I just listed all have nicotine in them. And I didn't make them. Science didn't make them, nature made them, or God made them. My opinion, god made them. And in my opinion, I'd like to know, why does God put that into our food? And then why did he design us to have nicotine receptors in every part of our body if we weren't supposed to benefit from the nicotine in these plants?

0:08:52 - (A): How many people do you know have a general understanding that the better food they eat, the better their health is? And the better food list includes the veggies you all do. Isn't amazing that God would put these foods, that all these people are preaching, they reverse diseases with with eating it's. Curing cancers, curing autoimmune disease. If they will just focus on eating those veggies more primarily than processed foods and refined carbohydrates, it's incredible. God got it right the first time.

0:09:20 - (B): Would you say that the levels in those foods naturally could be enough to help somebody that's dealing with something like your wife was dealing with for two years? Or do you need the patch for more concentration?

0:09:31 - (A): The patches have more concentration. Tobacco has the highest content, obviously, so the nicotine patches, nicotine gums have a higher dose. But when you're talking about a six day window of time to relieve people of suffering they've been going through for two years, why would you not try it? Six days of nicotine. Let it go. In the study, by the way, they published for anybody reading this paper, if you're concerned about dependency on nicotine, they said not a single one of the participants after day six even thought about a nicotine patch or even wanted a nicotine anything. And my wife finds that OD everywhere we travel. We travel all week, every week, do a presentation somewhere. Thank God people still want to listen.

0:10:10 - (A): But sometimes we'll leave and we'll forget the gum or forget the patches. I wear the patches every day. She choose the gum every day, just how she likes to do it. I wear it for prevention. I just wear a two to three milligram patch. I cut them and wear one every day. Why, if it benefited smokers, to have a little bit of nicotine circulating? Anybody? Why not? If God put it into plants, why am I to question what he created? So I'll use benefit of some.

0:10:31 - (A): So I just want you to know, when we leave, it's really OD, though when we get home and we see the nicotine or see the gum, we're like, oh, man, we forgot all about but you would think you would be super addicted. It's been one shocking reality for my wife that it is not an addicted experience. And the researchers actually said not a single person had any dependency whatsoever after the nicotine. And they don't expect anybody else in the world to have it, either.

0:10:53 - (B): One of the big reasons. I really wanted to focus on the antidote. Why we named this interview the antidote is not just because we need something for what happened in the past, but right now we're seeing headlines come up all around. Like you said, they're already starting to announce masks, mandates, potential lockdowns and so on and so forth, meaning they're planning for another. And I'll say it like this pandemic, because we understand that it's not exactly what they told us it was. Now, back in April of this year, four or five months ago, I was given information that I'd love to hear your thoughts on from the TLS organization.

0:11:29 - (B): They asked me to put out information. It was a four or five minute video having to do with a future outbreak and pandemic that's being planned that people need to prepare for through awareness and knowledge. You are a part of that plan. That's why we're sitting here right now. At the time, it was on April 4 of 2023. When this came out, I think it was April 4 of 2023. They basically connected the avian flu to something that they're going to be connecting to the future of what we're seeing now with future outbreaks, the coronavirus and so on and so forth.

0:12:03 - (B): What do you know about that? What do you know about that's upcoming? And will this antidote that you're speaking about with nicotine be now a preventative to this future outbreak or pandemic that we're moving into?

0:12:16 - (A): Yeah, it's a great question. So even when you just asked me that question, I was like when you said that I was a part of this for this very reason of what they know is coming, all of a sudden I got chills because I was like, oh my God. I actually felt the impression to go research something just like five days ago because felt like somebody needed to hear something about what they're about to release or what they're going to tell us is a next pandemic.

0:12:36 - (A): And it is actually very identical to two of them. So there's going to be two discussions you're going to hear here. Really three already. You're hearing about this new variant of COVID coming out in America called Eris, supposedly in September this month sometime. Don't worry about that crap. You can let that go. Don't worry about that. What they're going to be setting the stage for is something they're calling Ebola virus and Marburg virus outbreaks.

0:12:59 - (A): And that's the impression that I want your audiences to know about and I believe is the warning they need to have. So I want you to be aware that in the last ten years they have been studying what are plant based extracts that prevent the Marburg virus and the Ebola virus from getting inside the cells of a human to infect it. And they've published what is the most effective thing to do. That and for these two supposed viruses, they actually target entry into the cell through something called TPC two receptors.

0:13:37 - (A): And if the TPC two receptors are blocked, those viruses can't get in and you can't get sick at all. Your body will just eliminate this supposed infection for both Ebola and Marburg. So then I looked up, what are TPC two inhibitors? And just for the audience, I didn't care to know what TPC stood for. I didn't even care. I just want to know, what do they know? In nature blocks this receptor from allowing a virus in.

0:14:04 - (A): And they published the most potent thing that actually does that is a component found in grapefruits and in tomatoes, and it's called Nagarinin G-N-E-G-A-R-I-N-I-N. It's a component found in tomatoes and tomato paste. It's also found in high levels in grapefruit, and it completely blocks the ability of that to get in. Now, I do have to speak to this though. Once again, in nature, there's a solution already the Marburg virus is identical to.

0:14:35 - (A): And if I can give some love to Zebzelinko. Dr. Zebzalenko. Dr. Zebzalenko texted me a month before he died, and he said, Dr. Aris, the next pandemic that's going to be coming, it's going to be coming out of China, and it's going to be called the Marburg virus. And I said, hey, Zev, it's great to hear from you. Zev, it's great to hear from you. And he goes, no, I just want you to know that if I die and something happens to me, I need you to make sure you let the world know. We already know there is an ant.

0:15:00 - (A): And I said okay. I'll let him know. And he goes, the antidote is zinc. And I said, awesome. Zev, if something happens to you, I promise I'll make sure the world knows that zinc's an antidote also for that. And then I said this to him a month before he died. Zev, do you know what the Marburg virus is? And he goes, no. And I said, The Marburg virus. I've already looked into this, which is ironic. It's named after a city in Germany, but it's going to come out of China.

0:15:29 - (A): The Marberg virus is actually the identical symptoms to every single venom found in the boom slaying snake in China. And they synthetically, have been manufacturing in biological weapons labs and pharmaceutical research labs, synthetic versions of boom slaying snake venom for decades in multiple factories all over China. And they're inserting them into plasmids and they are going to do the same thing. They're going to release it again.

0:15:54 - (A): Boom slaying snake venom is what causes the hemorrhagic effect. External bleeding out of your eyes, nose, mouth, skin, out of your anus. You're just going to bleed out all over the place. They're going to say you're going to fall over dead and see people all over the place just bleeding out of their bodies. That is the impact of boom slaying snake venom. And I told Zev that I said, so just go print out go print out Marburg virus and all of its symptoms. And then print out a snake's venom you've never heard of before, the boom slang snake venom. And just lay it side by side and you'll see that it's identical.

0:16:25 - (A): Now what's? OD. For all of you at home, this occurred this conversation with Dr. Zebzelinko. He died the very next month. The very next month. In August of 2022. Last year, Hollywood actually put out a movie called Bullet Train. So in this movie, you're hearing reference to a boom slang snake over and over and over. But it has no part of the plot of this movie. Now everyone is the dumbest movie ever.

0:16:48 - (A): No story to it.

0:16:49 - (B): I started it. I shut it off a few minutes and I couldn't take it's.

0:16:52 - (A): So dumb. But what the first scene grabbed my attention was and everyone else in my family fell asleep within five minutes because it's a boring movie, dumb movie. But I could recognize the symptomatology they were showing, mimics what the next pandemic is. Zevzalenko called me is about to come out. So I wanted to see what's going to be continuing in this movie. Boom slang snake is showing up in the movie over and over and over. You just see it slithering through the train and people running off, or it's just hissing at the audience.

0:17:18 - (A): But it doesn't do anything. It doesn't bite anybody. Nobody gets injured by it. So I'm just kind of watching this. And of course, the boom slang snake mentioning of that snake specifically in this movie was going to grab my attention. Then you're introduced to two co stars in the movie on the train who are gonna be supporting Brad Pitt with whatever the purpose of the movie is, whatever the story is.

0:17:41 - (A): It's a black guy and a white guy. And they introduce each other by name, but then go by code names. And their code names are Lemon and Tangerine. And I was like, oh, my God. Why I'll get there? So lemon and tangerine. I was like, oh my God. They even told you the antidote inside of Lemon and Tangerine is the antidote to the Marburg virus and to COVID. Did you know vitamin C is inhibitory to all snake venoms?

0:18:13 - (B): Only because of you.

0:18:14 - (A): Do you know that's why? When Chinese researchers in Wuhan decided to treat every patient with high dose vitamin C in the hospitals in January of 2000, and 2100 percent of every Chinese patient went home by day five with this

new novel, coronavirus pneumonia, they gave them 25,000 to 65,000 intravenous milligrams of vitamin C. And 100% of all their people went home. Totally. Well, you know what's amazing about that? They all went home. And then the Chinese government, which makes the most ascorbic acid, which is vitamin C in the whole world for the supplement industry, gave vitamin C to all of its citizens to prevent them from getting COVID the whole time during the pandemic.

0:18:59 - (A): Did America do that? Did American hospitals let their doctors give vitamin C when we were all asking them to do that for our loved.

0:19:06 - (B): Ones in the hospital?

0:19:06 - (A): No, it was we're being bribed with them. But that's severe. We're not going to give you vitamin.

0:19:10 - (B): C. And we're keeping liquor stores open.

0:19:12 - (A): And we're going to keep liquor stores open. So Lemon and Tangerine, these two guys introduce themselves on the train. And I'm like, oh, my God. They're even going to tell you the antidote. It fast forwards to the end. Not a joke. The villain shows up on the train, opens a trench coat. This female pulls out a vaccine and injects Brad Pitt with it right in the heart and injects whatever's inside there. But she tells him what it is before she injects to I'm going to inject you with boom slang snake venom stabs right in his chest.

0:19:44 - (A): And I'm watching this, and I'm like, oh, my God. They're even telling you. They're putting it in the shots. Brad Pitt looks down and goes, good thing I took antivenom this morning. Monoclonal antibodies pulls it out and injects it inside of her. And the lady's eyes start bleeding. Nose starts bleeding. Mouth starts bleeding. She kills over, and she dies.

0:20:01 - (B): Wow.

0:20:02 - (A): All right. They're just setting the stage for what's happening. Just so you know, with the coronavirus pandemic that they called the COVID-19 pandemic, the entire narrative of COVID-19 was also told by Hollywood in 2016. And then it aired February 2017 on NBC in 150 minutes. Show.

0:20:25 - (B): What are you talking about?

0:20:26 - (A): So there's a show called Blacklist still on Netflix. Go watch it right now if you want to think I was joking about the venoms being what they created COVID-19 with. Watch season four, episode 15 of The Blacklist that aired on NBC and is currently on Netflix.

0:20:44 - (B): Season Four episode 15 blacklist On Netflix Blacklist on Netflix.

0:20:48 - (A): The entire narrative of COVID starts with the main actor named Robert Reddington. He takes a drink of Scotch, takes a drink, seen Blacks. He wakes up in an ICU. He can't breathe. Doctors can't figure out what he's been poisoned with. They're trying to restrain him. He's a massive criminal, this guy is. But anyway, he's got this ICU, makeshift ICU somewhere in case someone ever tries to poison him or kill him. He's got someplace to go. Can't go into a hospital.

0:21:16 - (A): So he's woken up and you can't breathe. Oxygen levels are way down. He's been in there several days, but doesn't know how long. Doctor says you've been poisoned with something. We haven't figured out what it is yet. What happened to me? What happened to me? We don't know yet. We've only been able to stabilize you with Corticosteroids is what he says. Robert Reagan's like, how much time do I have to live? And he goes, we don't know. We don't know. You're poisoned with we're trying to figure that out.

0:21:41 - (A): It could be days, it could be minutes, it could be weeks. I don't know. And Robert rington goes, I ain't got time for this. And he rips out all of his IVs, and he leaves. And because he's so weak and stumbling around and can't breathe, he kidnaps this African American girl and asks her to break into a pharmacy for him because he can't do it. He can't breathe. Okay? She goes, what are we looking for in the pharmacy? They break open the door, go inside, and he says, I need corticosteroids and a bronchodilator.

0:22:12 - (A): And I'm like, watching this. And I'm like, oh, my God, this looks like COVID. This is before I came out. The week before I came out with my watch the water documentary. I was watching this. I was like, wait a minute. What? Bronchodilator was already confirmed by Dr. Richard Bartlett. Budecianide was a cure for COVID. And this dude says, I need a

bronchodilator. Corticosteroids. Dr. Pierre Corey, ICU doc out of Wisconsin, is screaming to the world that they are minimizing how much corticosteroids they will allow us to give COVID patients. It will save their life. But they wouldn't go above six milligrams. That was the hospital protocol.

0:22:49 - (A): So I'm watching this, and I'm like, oh, my God, corticosteroid. She finds the corticosteroids, pours it into Robert Reddickin's hands, and in the camera, it's just his face. He goes, I've tried to avoid this my whole life. Or something along these lines. I've been trying to avoid this my whole life. Corona of death. And then he passes out, falls unconscious on the floor. In the pharmacy. The FBI works with Robert Reddington. The FBI is trying to figure out what he was poisoned with. And they discover in the 40th minute or so of the show, the FBI has discovered what Robert Reddington was poisoned with in his drink to create his respiratory failure that required corticosteroids and a bronchodilator to help save his life.

0:23:33 - (B): Is it snake venom?

0:23:34 - (A): It ain't just snake venom. They say it's a venom peptide found in a very rare snake called the redheaded rat snake. And they show the rat snake on the screen. Now, this is not a joke. I was like, oh, my God. They just told the whole thing. When was this aired? When did this come out? And I go in and look. It was in February 2017 is when they published this. He drank the venom. The person who poisoned him, who got the venom to be put in his drink, that he drank, which is what I was researching.

0:24:13 - (A): This show was one of the things that I think God wanted me to see, to say, go tell the world you were right. It was only two days later is when I called Stu and Mike Adams and said, I've got to tell the world. We have to do this. So in that, they determined it's rat snake venom he's been poisoned with. But the guy poisoning Robert Reddington is also poisoning his wife. In the story, the wife wants to leave him, but this guy wants her to give him a child, and she's never done it.

0:24:43 - (A): So what he does is he takes the venom of these snakes and he puts it in an eyeglass and he puts it into their eye. One drop in her eye every day, and it paralyzes her. And she cannot walk. She's laying in bed. He's obviously raped her to get her pregnant, and he's just keeping her in this snake venom neurotoxic paralysis state in bed, but alive during the pregnancy. Just so you know, I told everybody, they're getting venom through the water into you, and it's going in through your eyes, and you're drinking it, and you're getting it through your eyes, in your skin, in your showers.

0:25:18 - (A): And conjunctivitis red eyes was a massively reported side effect of early COVID in the first year of the pandemic. And I'm watching this show and I'm like, oh my god, they did it. They told you the whole thing anyway. This is them telling you what they're doing. They will tell you. They have to show you. I don't know why they do it. They have their reasons for doing it. But this is what they're going to do with the marbury.

0:25:39 - (B): They call it predictive programming. They do it many, many times. White noise, I think, was a movie or a show or whatever it was on Netflix. It showed exactly what happened in Ohio with that train and all the toxic material that poured out from their exact place, exact way. That's what happened over there right before 9/11, six months before 9/11 happened. I forgot the name of the show. I'll get the name for you. Maybe we can even show it over here. But there's a show that actually shows in one of the episodes, planes going and hitting the towers that were remote controlled. It wasn't the people in the cockpit.

0:26:12 - (B): And then afterwards, it basically dives into this whole deep state of individuals doing things behind the scenes. So it's been going on for a long time. And some say that predictive programming is a way for individuals that understand how certain things work to tell you and put it out in the open to deal with the karmic consequences of not having to deal with it, because they at least let you know in a way that's in your that's it's interesting they do this.

0:26:41 - (A): So I want you to know that in the show, the FBI head looks at the other agent and goes, where would this venom come from if it's such a rare snake? And they said, there's only two places in the world that harvest this rat snake venom that could have been put in his drink. And this is where is it? One's in China and one's in Scranton, Pennsylvania. Now, this is important because I had. Already figured this out.

0:27:10 - (A): Operation warp speed. This push to get the COVID-19 vaccine mRNA technology in nine months forced on the whole American populace and all over the world. Do you know where the two scientists who created mRNA COVID-19

vaccines, do you know where they work? Currently at the university of Pennsylvania. Their names are Cataline Carico and Drew Weisman. These two individuals are credited with creating the mRNA COVID-19 technology in their shots.

0:27:38 - (A): And this is important. The venom that went to Robert Reddington came from a serpentarium. They said in Pennsylvania, a serpentarium is a place with snakes, store snakes. Yep. Sell snakes, harvest snakes, venom eggs, you name it. It was in this Pennsylvania case. All right, this is important. Catalina Carico and Drew Wiseman created.

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0:00:00 - (A): And Drew Wiseman created mRNA Technology. They created what's called mRNA gene therapy. Since 2009, they have been paid by the NIH to create mRNA gene therapy. The specific department at the NIH that pays them to do that is Anthony Fauci's department, the National Institutes of Allergies and Infectious Diseases. NIAID in their papers since 2009 2011 2012 2015 2007 getting and on to create COVID-19 vaccines in every single study since 2009, they state we have to use snake venom phosphodiesterase to cleave the RNA in the mammal to do our mRNA gene therapy.

0:00:48 - (A): It's in their papers. We use snake venom phosphodiesterase, a component in snake venom that will damage and cut your RNA. And then they quote we use RNase a RNase I RNase t also to cut your RNA. And all RNases are enzymes in snake venom that cut your RNA to kill the prey. So when they said in this thing, this venom's coming out of Pennsylvania and China in the TV show, I already knew. The University of Pennsylvania was the school being credited by the two scientists underneath their tenure who had been creating the mRNA technology and are now receiving lifetime achievement awards for their snake venom laced vaccines called COVID-19 mRNA shots that they are inserting plasmids with spike protein genes that were confirmed by geneticist to be snake venom. Now, this is important. We talked about the antidotes of nicotine.

0:01:44 - (A): I decided before I did any of my interviews that if there's snake venom phosphodiesterase inside of these COVID-19 shots like they say they put in there in their research studies, what destroys snake venom phosphodiesterase. And then my next thought was surely these two people aren't in Pennsylvania, like milking the snakes, right? To put in their shots. There's got to be people manufacturing this stuff. So who are they buying it from? So I went online to find out, can I buy snake venom phosphodesterase for research?

0:02:13 - (A): And there's a company called Innovative Research now bought by ThermoFisher Scientific. Innovative Research and ThermoFisher Scientific have the same labeled product, a little bottle of snake venom phosphodiesterase for \$150. And it says to the buyer this is derived from rattlesnake venom and it's only for research purposes, but they're injecting inside of all you and it says researchers, you cannot mix snake venom phosphodiesterase with any of these four substances because it destroys the snake venom phosphodesters from being able to do its toxic payload stuff.

0:02:49 - (B): So these four things are basically antidotes.

0:02:51 - (A): These are the antidotes. And it says you can't mix it with glutathione, which your liver makes. You can't mix it with any inacetylcysteine, you can't mix it with vitamin C and it's completely destroyed by something called EDTA.

0:03:10 - (B): EDTA. Okay.

0:03:12 - (A): So they tell you the antidotes and then they did something really awful, actually. They actually disclosed the very last statement in there is snake venom phosphodesterase has an absolute requirement for magnesium to be activated.

0:03:29 - (B): What does that mean?

0:03:30 - (A): That means the venom can't do its damage without magnesium being bound to it.

0:03:36 - (B): And what are you implying here?

0:03:38 - (A): That if you've had these shots and you have any symptoms of injury and they're prolonging, you need to stop supplementing magnesium for three months? And I mean all magnesium. And we are seeing miraculous results in people who are struggling with cardiac issues. From myocarditis, Tachycardia, arrhythmias, that if they're on magnesium, if you just simply take them off of it, all the symptoms go away, along with their nicotine and along with the EDTA, these vitamin C recommendations. Or in acetylcysteine, this is important.

0:04:07 - (A): In the shots, they state that they use snake venom phosphodiesterase, but the people who manufacture that and sell it to the researchers say you can't mix it with inacetylcysteine. It'll destroy the venom's toxicity. Do you know that in May of 2020, the FDA put out a statement that they were going to make it illegal for supplement companies to sell in acetylcysteine that has been sold by supplement companies for over 75 years here in America, this is May of 2020.

0:04:36 - (A): The shots didn't come out until December of 2020, but like five, six months before, the FDA is coming out saying, supplement companies, you can't sell it anymore. And all these supplement companies around America had a hissy fit. All filed papers against the FDA to get them to stand down, and they did. But it made us all wonder, why would they actually go after anacetylcysteine? Do you know that anacetylcysteine is a published natural substance that breaks down and blocks the blood clotting effects of all snake venoms?

0:05:08 - (B): Wow.

0:05:09 - (A): And what did we see with COVID Blood clotting. What did you see with long hauler COVID blood clotting? What'd you see with after the vaccines. Blood clotting. This is just how nefarious it all went, right? In May of 2020, the FDA says nobody can sell endocetylcysteine it's now by prescription only. Still hasn't happened. But that was the threat. Same month they come out and lie to you, saying smokers are the most affected by COVID and end up hospitalized and dying, so everybody stops smoking. This is how disgusting this lie went.

0:05:36 - (A): Okay, we got to go. May 2020 is when all this stuff is occurring. NAC is getting banned. They're going to lie to you about smoking. Do you know what happened in June of 2020, the very next month? Do you know that researchers in Italy, after hearing China say that the origin of COVID was two snakes, and the French researchers said the spike protein gene was from the same two snakes? Did you know that there was a scientist named Carlo Brogna, C-A-R-L-O-B-R-O-G-N-A in Italy who published a paper after starting a study early on in the pandemic, he went around Italy and decided to PCR test everybody that was sick for COVID, supposedly, and tested positive.

0:06:18 - (A): And then he went around all these cities in Italy and collected people who did not test positive for COVID with the PCR test. And he said, Great. We're going to take you guys that do not have COVID and are not sick, and we're going to bring you guys here who test positive with a PCR test and are sick. And we want three tissue samples from all of you. I want blood, urine, and feces from all of you. And we're going to run three tests on your blood, feces, and urine.

0:06:46 - (A): And they published that only the results were found only in the COVID-19 positive patients, not in any of the negative group. There was over 36 different confirmed by three different tests, 36 different animal venoms in the COVID-19 patient's blood and in their feces, and none in the negative group. And this included not just the crate snakes venom called bungarotoxin, and not just cobra toxin from the king cobra. There's over 20 different snakes venom proteins found in every COVID-19 patient. And then there were 16 different animals in the ocean floor or on the ocean floor.

0:07:34 - (A): There was a starfish venom in these people from the ocean floor called the crown of thorn starfish, and 15 different cone snail venoms. Cone snails only live in the ocean. Their deadly venom was inside. 15 different venoms were in the blood and in the feces of only COVID-19 patients. And those venoms are called conotoxins. Jason that list of the 36 different venoms that Carlo Brogna confirmed by three different tests, he did mass spectrometry, then he did liquid chromatography. Then he sent the samples to Germany for an additional test he didn't do.

0:08:10 - (A): Maybe it was one of those three, but he had to also send it off to Germany to do a different test that he couldn't do. But these three tests included one called ion fractioning. And you use gases to do this. And the reason why they wanted to do this third step is because if they found animal venom in this person, it would be so specific. Using this ion fractioning technique, it will tell you exactly what animal the venom protein came from.

0:08:35 - (B): Wow.

0:08:36 - (A): And this is why you could confirm that it came from the Malayan crate snake, the Chinese king cobra. They found eastern brown snake venom from India. They found coral snake venom from a snake in Uruguay. In every one of the patients, they found pit vipers. They found Giracus viper from Brazil. Venom. They found saw scaled viper venom, and then 15 different cone snails from many different regions of the world, and starfish's venom called crown of thorn starfish. If you look at the list of the 36 venom proteins, they're all listed in this study called toxin like peptides, found in COVID-19 patients blood, urine, and feces.

0:09:14 - (A): If you look at that study, it was published online, peer reviewed, and approved in October of 2021. This paper, if you go through the proteins listed from the venoms of all 36 of those creatures, every one of those individual proteins explains every single symptom of COVID that anybody had. It explains why some people had blood clots. It explains why some people had loss of taste and smell. It explains why some people have cognitive function impairment. It explains why some people have IBS.

0:09:46 - (A): It explains why some people have diarrhea nonstop, why some were vomiting. Every single protein tells you that. Then there was this thing called angioedema. Did you ever see anybody I didn't see this. But there were people around the world who had their eyeballs would swell, their eyelids would swell up real big, or their lips would swell up real big, or their other eye would swell up real big, parts of their faces would swell ears, whatever that's called. Angioedema. If you look up angioedema, A-N-G-I-O edema ed m a. If you look that up, look up angioedema and COVID-19 and then hit images, and you'll see all these horrific pictures of people around the world in hospitals with parts of their faces swollen.

0:10:21 - (A): Inside the COVID-19 study, where they found 36 different venoms, there's a substance in venoms of snakes called bradykinins and bradykinin. That venom protein is what causes singularly angioedema. And do you know that they published this? Bradykinin venom that causes angioedema in anybody, was also found in every COVID-19 patient. Do you know that bradykinins are blocked by something in nature called bromelain found in the stalks of pineapples?

0:10:53 - (A): It's pretty phenomenal because this is actually an ingredient in a product dr. Peter McCullough is about to come out with. He doesn't even know that bromelain has this inactive ability to protect you from venom, creating this outcome they call angioedema. But you go through that list of proteins, I can explain to you it doesn't matter who your loved one is. It doesn't matter what they died from. I'm not joking. It doesn't matter what they died from, what they're suffering with, it doesn't matter.

0:11:19 - (A): It is all perfectly defined by synthetic manufactured venoms around the world that they're infusing in plasmids, and they're calling it COVID. And I need to speak to this real quick. In 1956, a Dr. Stanley Cohen discovered that when you expose neurological tissue and any epidermal tissue in the human body, epidermis means skin. Epidermis, epitope of dermis skin, any skin in the body, which also covers every organ in your body.

0:11:48 - (A): 1956, he took snake venom and he just squirted it next to brain cells and every cell in a body of a mammal. He discovered in 1956 with brain cells of a developing chicken embryo that if he just squirted snake venom next to it in a petri dish, he could grow a brain tumor.

0:12:10 - (B): Wow.

0:12:11 - (A): Within hours of exposing the brain tissue to venom, a couple of years later, he starts experimenting with tissues of kidneys, liver, stomach, breast tissue. Let's put those in cells and see what happens when you actually lay snake venom next to it. And he grew cancer cells in all of them. And he called these two side effects of snake venom in a mammal and in a bird. Nerve growth factor, brain tumors in the brain, and epidermal growth factor, creating massive tumors and growth than any other tissue in the body.

0:12:43 - (A): Epidermis is everywhere. Epidermal growth factor, nerve growth factor. Jason he discovered snake venom, does this to mammal tissue and bird tissue in 1956. Do you know that he won a Nobel Prize for figuring that out in 1986? So Jason inside of the Carlo Brogna study, where he found 36 different venoms. These include cobra, toxin, bungarotoxin and konotoxins. During the pandemic, while we're being locked down, they are taking animals in labs around the world and injecting them with alpha Konotoxin and then other ones with alpha cobra toxin. And they publish that within 72 hours, those venoms specifically cross the blood brain barrier, target glioma C, six cells in the brain stem of these mammals, and develop a brain tumor called a glioblastoma. And they show it how fast they can grow it in 72 hours.

0:13:38 - (A): These animals had no brain tumor until they injected them with alpha Konotoxin, alpha cobra toxin, and they can grow a brain tumor in less than 72 hours. Jason the very next thing they do after 72 hours of creating a brain tumor, which they say the venom binds to nicotine receptors, alpha seven nicotine receptors. And then the body starts producing massive amounts of the same nerve cells as a reaction to the venom.

0:14:03 - (A): Over the next 72 hours, they only treat the animals with one thing, and they want to see what happens. They inject them with two different doses of nicotine. And they proved and showed under electron microscope, they could

completely obliterate the actual glioblastoma brain tumor in 72 hours with just nicotine.

0:14:26 - (B): And it works that fast.

0:14:28 - (A): And it works that fast. In fact, it worked so fast that at 72 hours, 50% of the entire tumor was gone after just administering nicotine that they canceled the study. Why would you cancel the study? Why don't you just see if in the next 72 hours you get 100% of it gone? What's the danger? During the pandemic while we're being locked down, knowing the COVID-19 vaccines are going around and these DNA plasmids with spike protein genes are going around, they're calling a respiratory virus called COVID with all these venoms in them, they are publishing that. Those venoms they found, those 36 venoms, they are injecting those into animals all around the world to see what they do in mammals.

0:15:04 - (A): And I can 100% show you that they can create four irreversible human diseases with these venoms in 72 hours or less. And I will name them. They can create a glioblastoma brain tumor in 72 hours or less. They can create a type one diabetic in less than 24 hours with those venoms. Did you hear me? They can inject king cobra venom, cone snail venom, bungrow toxin into an animal and turn it into a type one diabetic in less than 24 hours.

0:15:37 - (A): That's supposedly irreversible and genetic can't cure that one. Okay, so they create type one diabetics. They also create Parkinson's animals in 72 hours or less with these venoms, and then they are creating myocarditis animals in less than 72 hours. And then every single one of these irreversible human diseases that are in these mammals that they created with the same venoms, they are putting in COVID patients and finding in COVID patients and in the COVID-19 vaccines.

0:16:08 - (A): Every single one of those. Jason, the only treatment they used was experimenting with three different measurements of nicotine. And in every single case, they reversed type one diabetes in less than 24 hours with nicotine. They reversed the glioblastoma brain tumor in less than 72 hours with nicotine. They reversed Parkinson's with Nicotine. Do you know they've actually published studies I didn't know this that Parkinson's, if you have twins and one twin is a smoker and the other is not, that there's a higher propensity for the non smoker to become Parkinson's than the smokers.

0:16:43 - (B): Really?

0:16:43 - (A): Yeah. And they're genetically identical. Nicotine prevents also Parkinson's. Did you know that? They're lying to you about that, too. All right? So when my Watch the Water documentary dropped and I said the antidote is COVID of COVID is when I said the antidote of COVID is nicotine, did you see two months later, from when I dropped, watched the Water, within two months, did you see that? England, the United States, Canada, New Zealand and Australia all introduced brand new national health agenda campaigns.

0:17:14 - (A): Did you see this?

0:17:15 - (B): No.

0:17:16 - (A): They all announced in unison in the same week that there is brand new national health agendas for their countries. And they were all identical. We will have a tobacco free company or country. We will have a tobacco free country by the year 2030. New Zealand took it even further and said, oh, no, not us. We're going to have a tobacco free country by the year 2025. Really? Did you see what Joe Biden said last month?

0:17:50 - (A): We are going to be the first administration in US history to reduce and put a cap on how much nicotine is allowed in tobacco products moving forward.

0:18:00 - (B): Interesting.

0:18:00 - (A): Nothing else. Just nicotine. You better be careful. They know the antidote is nicotine. Thank God. Dr. Ed group that, you know, we have already been sourcing organic eggplants from around the world, and we are going to figure out antidotes using nicotine from the eggplants that aren't illegal until America decides to make them illegal that'll come to natural resources that way.

0:18:27 - (B): Now, just for more clarity, for anybody watching that wants to try this at home with nicotine patches, is there a specific company that you would recommend? Certain dosages? We don't want anybody doing something that can hurt themselves.

0:18:39 - (A): Sure. This is a great question, actually. That I want the audience to hear. So I've actually done research to see, and not me just alone, a group of us, to see what are the cleanest, least toxic adhesive patches that might be manufactured around the world. And we do have one brand called Rugby. The only place I can actually find them is on Amazon. So that's the brand we like the most. But I do not think that people just need to use that brand. We're trying to give you hope and freedom from your suffering. So even if it's just for six days, using any brand, always start with the lowest dose. Please don't forget they only come in three sizes, 714 and 21 milligrams.

0:19:21 - (A): When you're using nicotine, the principle behind nicotine, it releases venom off your cells. Now there's venom floating around in your body, so you're releasing the venoms. If you're using too much nicotine, you'll release a whole lot of venom at once. And some people might get nauseous, vomiting, diarrhea. If that happens to you on the first day of using the seven milligram patch, just cut it in half and wear a smaller one the next day.

0:19:47 - (A): This is what I would recommend. I personally, for prevention, buy a 14 milligram size and cut it into six equal pieces and wear one of those little patches every day. And I have for a year now, just to prevent any circulating venoms that I might come across. The most rewarding thing that could ever come out of this interview is getting to you at home not to believe everything you hear, question everything you hear in mainstream media, social media, from federal health agencies, and ask yourself, do they really have your best interest at heart?

0:20:21 - (A): Number two is this. I even think it's greater than this one. It please remind yourself, either you believe that God created you and that God is all knowing and all powerful and got it right the first time when he made you or you're an evolutionist, and you believe that evolution provided the opportunity where you are the greatest organism to ever survive on this planet. And in either case, if you are going to tell yourself that you are going to put less faith in this God created body or evolutionarily superior body called the human body.

0:21:00 - (A): In either regard, if you have either one of those belief systems, shame on you for trusting science and man to create something. They're going to tell you that God or evolution made inferior. God got it right the first time. And when God put you on this planet, in my perspective, he actually said to you, I put everything on the Earth that was for the benefit of man. Well, do you want to know what wasn't here when he put you down here?

0:21:26 - (A): Pharmaceutical drug companies weren't here. Man put those here. Man is convincing you that they have figured out how to make God's creation better than he did, and they have been lying to you nonstop from the time you have had your breath taken away when your new grandbaby or your own baby came into this world and you witnessed the miracle of God's creation or nature. The man or woman standing next to you in a white coat looked at you and said, I need to take that creation and we need to make it better and inject it with our drug called a vaccine.

0:22:02 - (A): Because God forgot an immune system. Mother Nature forgot to provide a way for this thing to survive. No, he didn't. Man and science had to convince you that God failed and that nature failed you, when, in reality, the answers were always found in nature. God did not screw up when he created you. God did not screw up when he created the tobacco, plant, eggplants, tomatoes, vegetables. He put all the nutrients on the earth and in the soil that you needed to survive.

0:22:30 - (A): If anything could be taken away from this. I did not want to know anything about remdesivir. I didn't want to know anything about snake venom in relationship to COVID. I didn't want to know anything about nicotine being addictive or not. I didn't care. But circumstances woke me up to that. There was a fraud or a lie, and I needed to go find out for myself. How far did that lie and deception go so I could make sense of the madness being created around me that they called a pandemic.

0:23:03 - (A): Did you know, world, that the pharmaceutical industry and the medical community, they love one particular language to keep us confused, and you at home confused and seeing them as some superior orator or human being, they love a language called Latin. Did you know that Latin and every medical terminology is in Latin? Did you know that every diagnosis is in some form of Latin? Do you know that the Latin definition of the word virus is actually venom?

0:23:36 - (A): And do you know that was published in the Wall Street Journal in February of 2020? That the reason why the word virus is so important to put into the naming of this pandemic is because the word virus historically means venom. All venoms target nicotine receptors. All nicotine receptors control the entire function of your human frame. There are other nutrients the body needs, obviously, but this has been a great fraud and a great lie.

0:24:05 - (A): Please put your faith in what God created, in your own ability to read, study, and then use your own intuition and trust in God and pray.

0:24:15 - (B): Thank you. And I want to remind everybody that's watching today, that number one, if you're watching this right now, it's not by coincidence. There's a divine order, an intelligent order to absolutely everything. You're here not to be quiet because you're afraid of what your coworker or colleague or boss or mother or father or anybody may say about what you bring to the table. You're here to speak the truth and to spread that, no matter the consequence.

0:24:41 - (B): That's what people like Dr. Brian Artist were doing. His life has been in danger multiple times, and he still does this work. And he has no other motive to do this work other than helping us be our best selves, other than helping us live healthy lives, because that's our birthright. It's not normal to have cancer proliferate all around the world. It's not normal for the world to be as sick as it is today.

0:25:05 - (B): And it's not just the way it is. That's just the way that we made it. And just like we made the world sick, we can also make the world healthy if we choose to use our free will and exercise our free will in a positive way. We can only do that through awareness. So I hope you guys enjoyed this interview today. It's all about the antidote. It's about understanding the problem and then focusing on a solution.

0:25:28 - (B): We brought a lot of solutions to the table today. And I'm not just sitting here because it was my idea. I'm sitting here because TLS asked me to do this for one very, very simple reason. Because this is an answer that can help a lot of people wake up. So I ask you to share this interview far and wide, download it, put it on every single possible platform that you can, and let's do what we came here to do wake up the world and make it a healthy and bright world once again.

0:25:57 - (B): So thank you, Brian, very much. I appreciate you, and I look forward to doing more work together in the future.

0:26:03 - (A): God bless you and God bless you all at home. And it really has been one mission. I could not and was not able to save my father in law and as many people at home that we can. I will continue to fight, do research, and present those antidotes to you. Thank you. There are ways that you can protect yourself at home. They will continue to target and weaponize pathogens and toxins through your water. If you're not already aware, they're already using formaldehyde and have put in that poison in your water every day for decades. So they are used to using this system to deliver poisons to you. But there are simple things you can do at home to protect your family.

0:26:36 - (A): Number one, you need to put a reverse osmosis system in your home to actually filter out as much of the crap they're putting in your water at home, including toxins and pathogens. You also need to have a distiller. There's nothing that purifies water better than a distiller to remove and leave outside of the water in the condensation. All of the toxins, glyphosate, pesticides, poisons, you know, they put in your water. There are simple things you can do at home for sure. You do not have to be afraid or succumb to their actual poisons.

0:27:09 - (A): There's a massive agenda worldwide to create infertility and miscarriages with the COVID-19 vaccine agenda. It's been reported by many medical doctors, many countries around the world that women are losing their pregnancies after receiving a COVID-19 injection. There is something every single woman who has lost a baby after getting these COVID-19 shots has to do. You need to tell your medical professional to order a test.

0:27:35 - (A): It's called the L amino acid oxidase test. Lao you can actually provide a sample through urine and blood to do this test. If it comes back positive, we have the research studies to prove to you. They have been using L amino acid oxidase from snake venom to kill cells that maintain pregnancy. They're called sensitium cells. And if it.

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0:00:00 - (A): Cells.

0:00:00 - (B): And if it comes back positive in.

0:00:02 - (A): Your blood work, you need to ask.

0:00:03 - (B): Yourself, how did snake venom, L amino.

0:00:06 - (A): Acid oxidase get inside of you to create a miscarriage or to make you infertile?

0:00:11 - (B): Because that's exactly what they're designing with.

0:00:13 - (A): This weaponized venom protein. And if it does come back positive.

0:00:17 - (B): That you find you do have L amino acid oxidase in your bloodstream or in your body, there's actually two antidotes to it. One is called EDTA that completely obliterates it. And just so you know, your future pregnancies will be maintained. Then number two, zinc is also an inhibitor of L amino acid oxidase. Third, they've actually published that that L amino acid oxidase venom protein in a human is only allowed to be active to kill the cells that maintain a pregnancy. If your PH remains between 5.5

0:00:47 - (B): and 7.5, if you clean up your diet and make your body more alkaline, go between 7.5 and eight. The actual venom becomes inactivated. If you use an infrared sauna and get the actual degrees to go up 131 degrees, that also kills and denatures the protein of L amino acid oxidase. So infrared saunas and helping you eliminate this from your body through saunas and through diet is massively beneficial and then include EDTA and zinc.

0:01:15 - (A): Super Easy Solutions that God Gave You.

0:01:18 - (B): There's been a report by medical doctors around the world that there's a high percentage of patients after getting the COVID-19.

0:01:25 - (A): Shots are developing blood clots.

0:01:27 - (B): And they are asking other practitioners around the world to evaluate your patients and run a medical test, a blood test.

0:01:34 - (A): Called an elevated D dimer.

0:01:36 - (B): What is an elevated D dimer test? It's something most doctors don't run, actually. But if you ask for it, labcorp quest and other labs around the world run this very easy test.

0:01:46 - (A): They take your blood, and if it.

0:01:47 - (B): Comes back elevated, this D dimer, it means your body is forming blood clots inside the body. The D dimer is a reflection of how many particles of the broken down.

0:01:58 - (A): Blood clots there are. Now, if you go to Medscape.com, they.

0:02:02 - (B): Tell you that all medical doctors, if you see elevated D dimer, make sure you go start looking for blood clots or look to see if your patient is on a blood thinner like Warfarin and heparin that breaks down blood clots.

0:02:13 - (A): They might be on too much of that drug.

0:02:16 - (B): The fifth thing on Medscape.com, they tell every patient around the world or every medical doctor, if you have elevated D.

0:02:22 - (A): Dimers, medical professionals test that individual for snake venom poisoning. If you have elevated D dimers, or.

0:02:33 - (B): If you have symptoms of blood clots and you do not test positive for.

0:02:37 - (A): An elevated D dimer, that doesn't mean.

0:02:40 - (B): You don't have blood clots.

0:02:42 - (A): The Department of Defense has created what.

0:02:44 - (B): They call a self assembling nanoparticle hydrogel.

0:02:48 - (A): That creates blood clots that aren't broken down by your own body's plasma. Nor does heparin warfarin or cumidin, break them down either. If you have symptoms of blood clots.

0:03:01 - (B): They do a Doppler test and see you do have blood clots, but your.

0:03:05 - (A): Elevated D dimers are not elevated, they're just normal levels. That means you have two snake venoms.

0:03:11 - (B): That have been injected inside of you.

0:03:13 - (A): They're called Ecaron, E-C-A-R-I-N from the soft.

0:03:17 - (B): Scaled viper snake, and another protein called.

0:03:21 - (A): Textilinin from the eastern brown snake in India.

0:03:25 - (B): And this self assembling nanoparticle hydrogel, two snakes infused proteins, is a patented creation.

0:03:33 - (A): Of the United States Department of Defense.

0:03:35 - (B): You can have your Ecaron levels tested by medical professionals and Texillinin. Textilinin blocks warfarin, heparin, and cuminin from breaking down blood clots. ecarin from the other snake rapidly creates eight times faster blood clotting in the.

0:03:50 - (A): Human body than God designed your body to create. So if you're suspicious and want to.

0:03:55 - (B): Get tested and have your elevated Ddimers tested, go to your medical professional, ask them to actually order a elevated D dimer test. Actually, it's just called a D dimer test.

0:04:05 - (A): Tell them you want a D dimer blood test run.

0:04:08 - (B): If that doctor looks at and says.

0:04:10 - (A): Why do you want to have that done?

0:04:11 - (B): You say, I listened to Dr. Artis's interview, and I'd like to know if it was actually accurate.

0:04:15 - (A): Do I have this or not? That's what I would say. And if they don't know what that.

0:04:18 - (B): Is, they don't know who I am, just say, please run the test. This is what I want.

0:04:22 - (A): And if that doctor says, I don't think you need to run that test, then go to another medical professional and get it. And if they don't help you, it's.

0:04:30 - (B): Really much easier than that. You can call Labcore Quest or any blood laboratory, genova labs included.

0:04:35 - (A): You can call them and say you'd.

0:04:36 - (B): Like to pay cash for a D dimer test. Walk down to the lab and pay.

0:04:40 - (A): For it, and they can help you.

0:04:42 - (B): When your D dimer test results come.

0:04:44 - (A): Back, if it is positive that you have higher than normal elevated D dimers.

0:04:51 - (B): The D dimer will be in black bold letters, and they will give you the number of the value.

0:04:56 - (A): And that is all the test tells you. All it's going to tell you is.

0:04:59 - (B): You have blood clots in your body, and they're trying to be broken down in the body.

0:05:04 - (A): That's all you know.

0:05:05 - (B): After you know that's, there is when a medical professional would then go, oh, man, you do have blood clots in your body.

0:05:11 - (A): We need to put you on an.

0:05:12 - (B): Anticoagulant drug like Heparin or Warfarin. I wouldn't do that. There's actually ways to break down blood.

0:05:18 - (A): Clots, and you don't need drugs to do it.

0:05:20 - (B): There's actually a substance called glycerohyzen acid inside of licorice root that actually destroys.

0:05:25 - (A): All blood clotting effects of all snake venoms. You don't need a drug. It's actually the most potent, powerful blood clot dissolving substance on Earth.

0:05:36 - (B): And then natokinase at 7000 furin units is another cure for blood clots in the body.

0:05:43 - (A): And one of the ultimate favorites 2000 milligrams of inacetylcysteine completely obliterates blood clots.

0:05:50 - (B): Also, and these are all natural substances. There is a billion dollar industry that was created in the last five years creating new blockbuster drugs that you at home are injecting inside of your body once a week.

0:06:03 - (A): They're for weight loss and diabetes, and they're called GLP one drugs Ozempic, Ozempic and another one called Wagovi. They're actually made by the same company. These are just the brand names Wagovi and Ozempic.

0:06:19 - (B): Do you know that Ozempic and Wagovi have published side effects of causing thyroid cancers in your thyroid after using it for one year?

0:06:27 - (A): And do you know that it causes acute kidney failure, chronic kidney failure, acute liver failure and chronic liver failure.

0:06:35 - (B): And in diabetics, it increases the speed of diabetic retinopathy, leading to blindness.

0:06:40 - (A): Do you know where Ozempic and Wagovi is made? Do you know what it comes from? Do you know what a GLP one targeted drug is? Look it up. Look up Ozempic and Gila monster venom.

0:06:52 - (B): From the lizard in the southwestern deserts of America.

0:06:56 - (A): And then ask your doctor am I fat, overweight and diabetic because I'm helamonster deficient, really? Venoms cause cancer.

0:07:06 - (B): Venoms destroy the body and look it up. CNN published the other day that people taking these drugs are developing paralyzed stomachs, causing paralytic and cyclic vomiting for a year and a half to two years after they stop the drug. And it's destroying their entire life because the venom of that creature binds to your vagal nerve and doesn't let your stomach empty your food into your intestines. And every meal you eat that can't get into your intestines, you're piling up more food in your stomach. What did God design the body to do if it's getting full of food in your stomach?

0:07:38 - (A): If the food ain't going down, it's coming back up. And you guys don't notice at home.

0:07:43 - (B): Every venom introduced into your body, either.

0:07:45 - (A): By injection or by an animal, it.

0:07:46 - (B): Stays in your body for ten years unless you release it, break it apart and detox it. This is why you're seeing the long term side effects from COVID and from these venom laced drugs. One of the most important things I want people to understand is I'm trying to help you remove the confusion out of the symptoms you are carrying and have been experiencing for the last several years. One of the most frequently asked questions and things that are published is this idea of something called shedding, that people who are getting vaccinated for COVID-19 are shedding. Whatever it is, was injected into them onto people who were not vaccinated. And that includes spouses, children, coworkers, grandparents.

0:08:25 - (B): All of a sudden, when you're around these people who got the vaccines, you start having symptoms even though you weren't vaccinated. It's being reported all over the world. The only thing that explains it. And for the love of God, stop talking about it. I can already tell you how they're doing it. They are taking spike protein genes inside of DNA plasmids. And when they inject them inside of you, in the vaccines that we just showed you with the NIH paper, bacteria and yeast in your body will draw the DNA plasmid in with the venom, spike protein in it, and it will start manufacturing venom without stopping.

0:08:59 - (B): There's only a promoter gene in the plasmid, so it just tells the bacteria to keep making the venom. And the question for all of you at home, medical doctors and scientists around the world, is bacteria contagious? Is yeast contagious? Are funguses and candida contagious? Yes. Who are they contagious to? Anyone you're around, breathing on, touching, sleeping with, kissing on. You transfer bacteria and yeast to each other.

0:09:25 - (B): When the plasmid with the venom gets inside the bacteria and yeast, they never stop manufacturing the venom. The more sugar you eat, you replicate more of these venom producing bacteria and you are going to shed them through your breast milk to your babies. You're going to shed them through your kisses to your husband. And now they're going to have the bacteria. Your baby are going to have your bacteria in the yeast and in their body. Those bacteria and yeast are replicating the venoms. This is the extension of when I say these are not just bioweapons, they have weaponized biology.

0:09:57 - (B): They have weaponized biology to create venom payloads. And you can share them through touch, kiss, sex, breast milk, you name it, that is shedding.

0:10:07 - (A): And that's exactly how they're doing it's.

**END OF FULL TRANSCRIPT**